Commonwealth of Massachusetts
Department of Mental Retardation

ANNUAL
QUALITY ASSURANCE REPORT
For Fiscal Year 2004

Period Covering
July 1, 2003 – June 30, 2004

Prepared by the DMR
OFFICE OF QUALITY MANAGEMENT

In Partnership with the UMASS Medical School,
Center for Developmental Disabilities Evaluation and Research

March 2006

The Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Mental Retardation
500 Harrison Avenue
Boston, MA 02118

Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Timothy Murphy
Secretary

Gerald J. Morrissey, Jr.
Commissioner

Area Code (617) 727-5608
TTY: (617) 624-7590

February, 2006

Dear colleagues and interested citizens:

Enclosed is the Annual Quality Assurance Report for FY 2004 for the Department of Mental Retardation compiled in collaboration with the Center for Developmental Disabilities Evaluation and Research (CDDER) of the University of Massachusetts Medical School. The Report, which is published each year, reports on outcomes important to the health, safety and quality of lives of the individuals we support. Information is gathered from the numerous quality assurance systems the Department has in place and is reported in an easy to understand format across several years.

The Annual Quality Assurance Report is a critical component of the Department's quality management and improvement system. It allows us to look critically at areas where we can take pride as well as areas where we can direct our service improvement efforts. This year the Department created four regional quality councils and one statewide quality council, whose sole task is to review and analyze our quality assurance reports and to make recommendations regarding service improvement targets. The councils are comprised of self advocates, family members, providers and Department staff. Members of the councils have brought their unique perspectives to the table and have approached their task with a shared commitment to improving the lives of individuals with mental retardation.

It takes a great deal of maturity, both from our own staff and outside stakeholders, to review this information, ask the probative questions and share recommendations for improvement. The Department and its stakeholders can be proud of the quality of supports provided each day to thousands of individuals. We must, however, always strive to improve services and supports. This report, the work of the quality councils and our combined dedication to quality will serve us well in this endeavor.

I remain committed to sharing information regarding how well we are doing in supporting the health, safety and quality of life of the individuals we serve. I trust that this report will be used to further our shared goals and continue an open, honest dialogue on behalf of individuals we serve.

Thank you.

Sincerely yours,

Gerald J. Morrissey, Jr.
Commissioner

Massachusetts Department of Mental Retardation
ANNUAL QUALITY ASSURANCE REPORT
For Fiscal Years 2004
March 2006

EXECUTIVE SUMMARY

In an effort to share important information regarding the quality of services and supports provided by the Commonwealth, the Massachusetts Department of Mental Retardation initiated the publication of Annual Quality Assurance Reports in fiscal year 2001. The first report focused primarily on health, safety and human rights issues. The report which covered Fiscal Years 2002 and 2003, expanded upon information by including outcomes related to choice, control, growth/accomplishments, community integration and relationships. The Fiscal Year 2004 Report tracks the same outcomes as those identified in the 02 and 03 report, and as such allows for continued trend analysis. The report derives its information from a wide variety of quality assurance systems and databases and is intended to be a starting point in the collective review and analysis of service quality. As such, it serves as one mechanism of determining where we are *doing well* as well as areas *where improvements are needed.*

The report is structured around 12 major outcomes that have been identified as important indicators of service quality and system performance.

1. *People are supported to have the best possible **health**.*
2. *People are **protected from harm**.*
3. *People live and work in **safe environments**.*
4. *People understand and practice their **human and civil rights**.*
5. *People's **rights are protected**.*
6. *People are supported to make their **own decisions**.*
7. *People use integrated **community resources** and participate in everyday **community activities**.*
8. *People are connected to and **valued members of their community**.*
9. *People gain/maintain friendships and **relationships**..*
10. *People are supported to develop and **achieve goals**.*
11. *Individuals are supported to obtain **work.***
12. *People receive services from **qualified providers**.*

Outcomes have a variety of associated measures based upon objective data that is routinely collected and analyzed by the department. In order to facilitate the review of findings, the report presents most of the data in easy-to-read charts and utilizes a large number of graphical illustrations. Symbols (arrows and numerical signs) are utilized to help the reader quickly identify trends.

The results of this analysis demonstrate that there was minor or no change in a majority of the outcomes/indicators measured (38), suggesting substantial stability in the service system. A number of indicators demonstrated improvement in the quality of outcomes

for individuals with mental retardation (14), particularly in the health, safety and protection from harm domains. Only one measure showed a negative change (CIR rates); however, and as noted in the report, a variety of factors may be influencing this trend including continued efforts to improve (i.e., increase) reporting of unusual incidents. A quick summary of results are illustrated in a descriptive chart contained in Appendix C of the report.

As part of its continuing commitment to transparency and sharing of information relating to quality, DMR established four regional quality councils and one statewide quality council which began meeting in March, 2005. The councils have broad representation, including self-advocates, family members, providers and DMR staff. Their primary purpose is to review and critically analyze data regarding quality, to ask important probative questions and to make recommendations regarding service improvement targets. Based on a review of the 2003 Quality Assurance Report as well as knowledge and awareness of region-specific needs, the councils have identified a series of priorities for improvement that have been provided to the Regional Directors and the DMR Commissioner. The Statewide Council recommended two statewide service improvement targets: 1) increasing opportunities for real work and earnings for persons served by DMR in employment supports and, 2) increasing opportunities for expanding community inclusion and developing and maintaining meaningful friendships. Both of these areas were identified as issues for consideration in the 2003 report.

It is the department's intent to have its quality assurance data reviewed by the councils and all interested stakeholders. It is only through such a review that meaningful planning to facilitate a process of continuous improvement and the enhancement of the quality of life and support for all of our citizens with mental retardation can occur.

The publication of this report represents a commitment to transparency of information that will serve the Department well in its efforts to continually improve services and supports. The information in this report points to a stable and strong service system. It is important, however, that the data in this report, along with other ongoing quality assurance mechanisms be used to encourage probative questions and thoughtful consideration of ways in which the quality of life of individuals can be enhanced.

Annual Quality Assurance Report for FY04

TABLE OF CONTENTS

Listing of Tables and Figures

TABLES

FIGURES

Massachusetts Department of Mental Retardation

ANNUAL QUALITY ASSURANCE REPORT

2004

March 2006

INTRODUCTION

In March of 2001 the Department of Mental Retardation (DMR) began a strategic management planning process to develop a department-wide quality management and improvement system. An integral component of this process involved the development of a series of personal and provider outcomes that stakeholders identified as important to measure and upon which to report on a periodic (e.g., annual) basis. This broad set of outcomes has formed the foundation for the department's annual quality assurance reporting process.

A description of these outcomes and their associated indicators and data sources is contained in Appendix A and a summary listing is presented to the right and on the next page of this report.

QUALITY OUTCOMES

reflect what is important for people and form the foundation for evaluating progress toward meeting DMR's strategic objectives.

- **Health**
- **Protection from Harm**
- **Safe Environments**
- **Human & Civil Rights**
- **Decision-making & Choice**
- **Community Integration & Membership**
- **Relationships**
- **Achievement of Goals**
- **Work**
- **Qualified Providers**

The first annual quality assurance report was published in December of 2001. It focused primarily on health, safety and human rights issues. In 2004 a more extensive report (for FY2002 and 2003) expanded upon information concerning health, safety and rights by including outcomes related to choice, control, community integration, relationships and work. This current report is modeled on the one issued last year and includes data and information that reflects performance during fiscal year 2004 (FY04).

Both the 2003 and current 2004 reports derive information from a variety of quality assurance systems and databases (See Appendix B for a description of the databases utilized for this report). As noted last year, these Quality Assurance Reports are only intended to be a starting

point in our collective review and analysis of service quality. It is extremely important to note that the data provided in this report should be viewed as an opportunity to point out areas where we are *doing well* as well as areas *where improvements are needed.* It is also important to keep in mind that data is but one source of information about quality and should not be taken out of context. Premature conclusions about what the information tells us should not be made, rather, the data should be used as a component of an analytical and probative process.

Quality assurance and improvement is a shared and ongoing responsibility – both for those within DMR as well as all of our external partners. Because of this the department has established regional and statewide Quality Councils that include a broad representation of stakeholders (self-advocates family members, providers and DMR staff). These councils are designed to assist the department identify strategic quality improvement targets and help monitor performance over time. Use of the data and information contained in this – and earlier – reports serves as an essential ingredient in helping make the review and feedback from the Quality Councils focused, meaningful and extremely useful.

It should be noted that based on review of the 2002/2003 Quality Assurance Report the Statewide Quality Council has provided a series of recommendations to the DMR Commissioner for establishing improvement targets. General priority areas identified by the Council include:

1. Employment
2. Community Inclusion
3. Friendships

In response to these recommendations the department is in the process of establishing a series of service quality workgroups that will lead system-wide efforts to effect meaningful change in these three areas and significantly improve the quality of life for the persons we serve.

OUTCOMES & INDICATORS

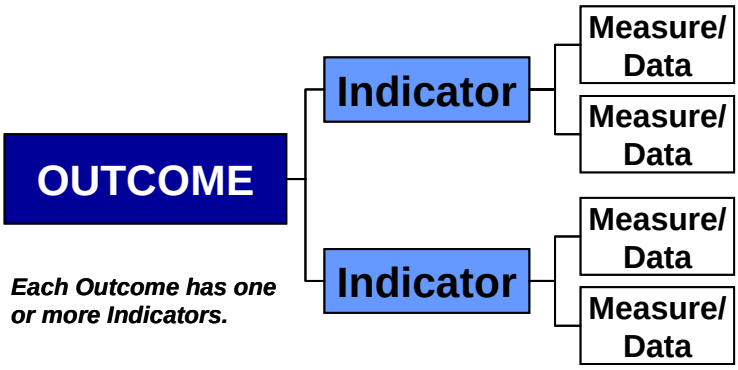
The data that forms the basis for this report is drawn from a wide variety of quality assurance processes in which the department is routinely engaged. These quality assurance processes allow for continuous review, intervention and follow-up on issues of concern in a timely manner. Additionally, the aggregation of information in this report facilitates the identification and analysis of important patterns and trends and allows for a more objective evaluation of our performance over time. Such integration of information represents an important strength of the quality assurance system in that no one process or data set is used in isolation to draw any firm conclusion, but rather, conclusions flow from convergence of information obtained from many different perspectives.

In the pages that follow, the main sections are based on each of the following12 major ***outcomes***:

13. People are supported to have the best possible health.
14. People are protected from harm.
15. People live and work in safe environments.
16. People understand and practice their human and civil rights.
17. People's rights are protected.
18. People are supported to make their own decisions.
19. People use integrated community resources and participate in everyday community activities.
20. People are connected to and are valued members of their community.
21. People gain/maintain friendships and relationships.
22. People are supported to develop and achieve goals.
23. Individuals are supported to obtain work.
24. People receive services from qualified providers.

Information regarding each of the identified outcomes is presented in the form of ***indicators*** and their associated ***measures*** or ***data***. The relationship between outcomes, indicators and measures is illustrated below in Figure 1. As can be seen, each of the outcomes will have one or more indicators or statements regarding how that outcome is evaluated. Each of the indicators, in turn, will have one or more specific objective sets of data that help determine whether or not the criteria contained in the indicator are being met. A description of the data sources is contained in Appendix B.

Figure 1
Relationship between Outcomes, Indicators & Data



DATA SOURCES

As noted above, the Q.A. report derives its information from a wide variety of different sources, including:

Survey and Certification

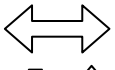
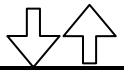
Data based on the number of individual surveys conducted during each fiscal year for persons over the age of 18-yrs served in settings that are licensed and/or certified by DMR. The number of individual surveys will vary depending upon whether the indicator is measured for all supports

	or for residential or day supports only.
National Core Indicators	*Data reported by the NCI initiative that includes over half of all the U.S. state MR/DD systems. Data is derived from face to face interviews with consumers.*
Medication Occurrence Reporting System	*Data based on the number and distribution of Medication Occurrence reports provided by over 165 service/support providers and 2,227 Medication Administration Program registered sites.*
Investigations	*Data regarding complaints filed and substantiated by the Disabled Persons Protection Commission or DMR for persons served by DMR who are between the ages of 18- and 59-yrs.*
Critical Incident Reporting System	*Data based on the number and type of critical incident reports filed in each of the fiscal years.*
Restraint Reporting	*Data based on the number of restraints used during each of the fiscal years.*
Employment Report	*Data based on a point in time study conducted annually of providers offering employment supports.*

HOW TO REVIEW THE DATA

As noted above, information is presented in sections based on the major outcomes. The first page of each section states the associated indicators (important predictors of the outcome) and presents a brief summary of findings that includes arrows in the last column that illustrate the trends present for 2003 and between 2003 and 2004. Arrows pointing upward indicate an increase in the measure. Arrows pointing down indicate a decrease, and arrows pointing left-right indicate a stable trend (no meaningful change). Colors and "+" or "-" signs are used to illustrate whether or not the trend is positive or negative; green indicating the change is positive, red indicating it is negative. White represents a neutral trend (no change) or relatively minor change. Green (+) or Red (-) arrows indicate the change was ±10%. White arrows are used to illustrate a potential trend, *i.e.*, some change was present but was less than the ±10% criteria.

Figure 2
Symbols Used to Illustrate Type of Change

TYPE OF CHANGE	SYMBOL
Positive Increase	 +
Negative Increase	 -
Positive Decrease	 +
Negative Decrease	 -
Neutral Stable Trend	
Potential Trend	

The first section for each outcome is immediately followed by a more detailed review of each indicator and its related measures. These sections include a variety of tables and graphs that, in most instances, will reference data for a four-year period (fiscal years 2001, 2002, 2003 and 2004). Narrative provides a very brief explanation of findings and trends. At the end of each major section there is a simple summary of the findings entitled "What Does this Mean?"

Special Note: Readers are cautioned to use the information contained in this report as only one avenue for conducting a thorough and complete assessment of quality and progress toward improvement in the services and supports provided by DMR. More in-depth analyses should always be conducted and probative questions explored before drawing any definitive conclusions with respect to patterns and trends.

PREVIEW OF DATABASE CHANGES

This report covers the period from July 1, 2003 through June 30, 2004.
One of the strengths of the reports published to date lies in their ability to compare data across a four year period, *i.e.*, 2001-2004.

Several changes to different components of DMR's data systems have either been implemented or will be implemented in the near future. These changes will substantially improve the department's ability to provide detailed data on various components of it's service delivery system, including but not limited to reporting on minor and major incidents. While these changes represent improvements to data collection capabilities, they will make cross year comparisons difficult to achieve.

The first change noted is to the DMR survey and certification system. This change took effect in April, 2004. As a result of this change, the processes of licensure and certification were separated. Providers are now licensed based on their adherence to essential health, safety and human rights safeguards. Additionally, they are certified based on the combination of their performance on essential safeguards ***and*** the quality of their supports in other life domains including community integration, relationships, choice/control and growth and accomplishments. Data on both a provider's level of licensure as well as their certification status will appear in the Fiscal Year 2005 report for the first time.

In addition, DMR re-designed and fully implemented a client information system, known as the Meditech system. The incident management system, a web based system known as the Home and Community Services Information System (HCSIS) will be fully implemented by July, 2006. When implemented, the HCSIS system will enable the Department to report on data regarding quality in a much more detailed fashion. Data collected through these new systems will not directly affect the Fiscal Year 2005 report. It will, however, impact the Fiscal Year 2006 report and those that follow.

HEALTH

OUTCOME: People are supported to have the best possible health.

Indicators:
1. Individuals are supported to have a healthy lifestyle.
2. Individuals get annual physical exams.
3. Individuals get routine dental exams.
4. Individual's medications are safely administered.
5. Serious health and medication issues are identified and addressed.

RESULTS:

The quality of health-related services is evaluated using five major indicators identified above, with 8 distinct measures (identified above). As can be seen in the table below, all indicators/measures experienced either no appreciable change or positive change during 2004. In general, these trends suggest improvement in the quality and safety of health-related services and care for persons served by DMR.

Figure 3
Summary of Trends for Health Indicators and Measures
2003 and 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Health - *people are supported to have the best possible health.*	1. Healthy Lifestyle	Receive Support	⇔	⇔
	2. Physical Exams	Receive Annual Exams	↑ +	⇔
	3. Dental Exams	Receive Annual Exams	↑ +	⇔
	4. Safe Medication	MOR No. and Rate	⇔	↓ +
		Percent/No. Hotlines	↓ +	↓ +
	5. Issues Identified and Addressed	Action Required Reports	↓ +	↓ +
		Medication Investigations	↓ +	↓ +
		Denial of Tx Investigations	⇔	↓ +

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People are supported to have the best possible health.

Indicator 1: Individuals are supported to have a healthy lifestyle.

Measures: Percentage of persons who receive support to eat healthy foods and exercise on a regular basis (who live in settings that received a DMR survey during the FY.)

Data Source: Survey and Certification

FINDINGS: Over the past four years almost all individuals assessed during survey and certification reviews have been found to receive support necessary to promote a healthier lifestyle. In fact, these findings have remained remarkably consistent, with about 98% of persons receiving such support between 2001 and 2004.

Table 1
Support for Healthy Lifestyle

Healthy Lifestyles	2001	2002	2003	2004	Change 2003 - 2004	Type of Change
No. People Reviewed	1111	1091	1000	1118		
Percent with Support for Healthy Lifestyle	98%	98%	98%	98%	0	⇔

Indicator 2: Individuals receive annual physical exams.

Measure: Percentage of persons who receive annual physical exams over time and compared to a national benchmark (NCI).

Data Source: DMR Survey and Certification
National Core Indicators

FINDINGS: The extent to which individuals receive at least an annual physical exam is a basic measure of access to health care. As can be seen in Table 2 Figure 4, during 2004 approximately 92% of the individuals included in the DMR Certification and Survey process received such an annual physical exam. This compares to 94% during 2003 and represents a very slight decrease.[1]

Comparing the DMR data with that collected by the National Core Indicators[2] suggests that persons receiving services in Massachusetts continue to access annual health exams at a slightly higher rate than the national average for MR/DD service systems. However,

[1] Data presented by four providers was eliminated from the analysis due to questions re: its validity. This modification was also utilized in the analysis of data re: dental exams.

[2] The National Core Indicators (NCI) represents a national initiative to establish benchmarks for use by mental retardation and developmental disability state systems. Over half of all states in the U.S. participate in the NCI. Reported rates reflect the average of those states providing outcome data during the reference year for each indicator or outcome area.

the national average increased in 2004 from previous levels whereas in Massachusetts the opposite trend is potentially present.

Table 2
Percentage of Persons Receiving Annual Physical Exams

Physical Exams	2001	2002	2003	2004	Change 2003 - 2004	Type of Change
MA	97%	87%	94%	92%	-2%	⇔
NCI	86%	83%	80%	84%		

MA data in 2001 from NCI and MA data in 2002/2003 from survey/certification

Indicator 3: Individuals receive routine dental exams.

Measures: Percentage of persons who have received dental exams over time and compared to a national benchmark (NCI).

Data Source: DMR Survey and Certification
National Core Indicators

FINDINGS: Table 3 presents information pertaining to routine dental exams for the Massachusetts DMR and the NCI across a four year time period from 2001 to 2004. It should be noted that during FY01 the data reflects NCI findings only. DMR data for 2002 to 2004 was obtained from survey and certification reviews where the criteria is different from that of the NCI, *i.e.,* the NCI reports on dental exams within the past 6 months whereas the DMR survey and certification data is based on an exam within the past year. Consequently the NCI data uses a more demanding set of criteria and should therefore not be viewed as an exact benchmark for use in evaluating performance based on Survey and Certification findings for this indicator.

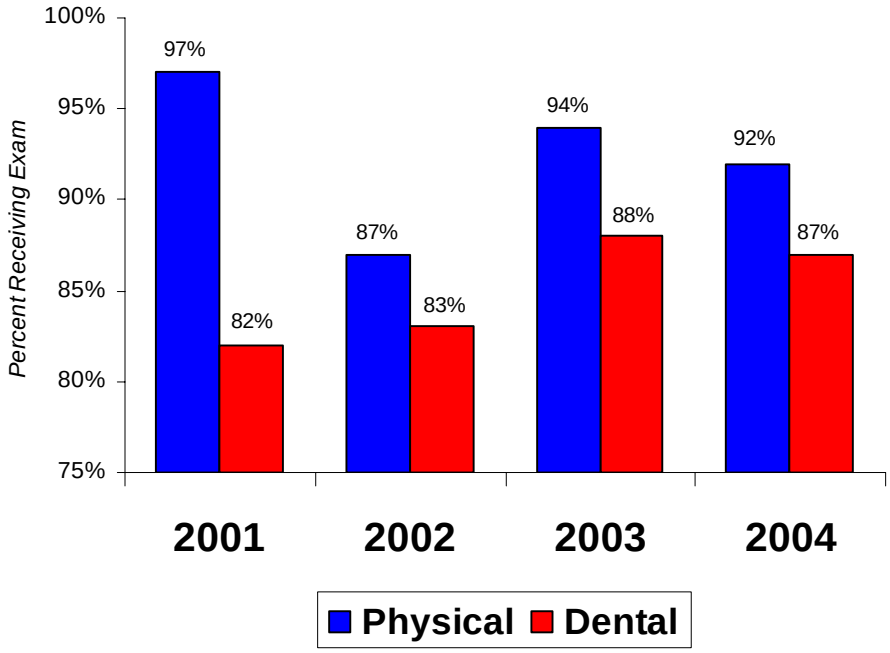
The percentage of persons served by DMR who have received a dental exam within the past 12 months fell slightly in 2004 from 2003 levels. Referenced to national averages, it would appear that more persons served by DMR in Massachusetts may be receiving dental exams than those served by MR/DD agencies in other states, although NCI data for Massachusetts (using the 6-month criteria) shows that only about 62% of persons received a dental exam within the shorter time period. And, as with physical exams, NCI averages increased in 2004 from 2003 whereas in Massachusetts they experienced a slight decrease.

Table 3
Percentage of Persons Receiving Routine Dental Care
2001 – 2004

Dental Exams	2001	2002	2003	2004	Change 2003 - 2004	Type of Change
MA	82%	83%	88%	87%	-1%	⇔
NCI	55%	50%	51%	54%		

A review of findings also shows that across the four year time period between 2001 and 2004 the percentage of individuals receiving physical (medical) exams has consistently exceeded the percentage who have received dental exams. Interestingly, in both instances slightly lower percentages were obtained in 2004 than in the previous year. These trends are illustrated below in Figure 4.

Figure 4
Comparison of Physical and Dental Exam Rates within DMR
2001 – 2004



WHAT DOES THIS MEAN? *A high percentage (>87%) of persons served by DMR are receiving a minimum of an annual physical and dental exam, and are therefore experiencing at least one health care encounter each year. More persons receive physical exams than receive dental exams. Between 2003 and 2004 there was a negligible decrease in the percentages of persons accessing both physical and dental exams.*

Indicator 4: Medications are safely administered.

Measures: Medication Occurrence Report (MOR) Rate
No. of Medication Occurrence Reports (MORs) by Cause
No. of MOR Hotlines and Percent of MORs classified as "Hotlines"

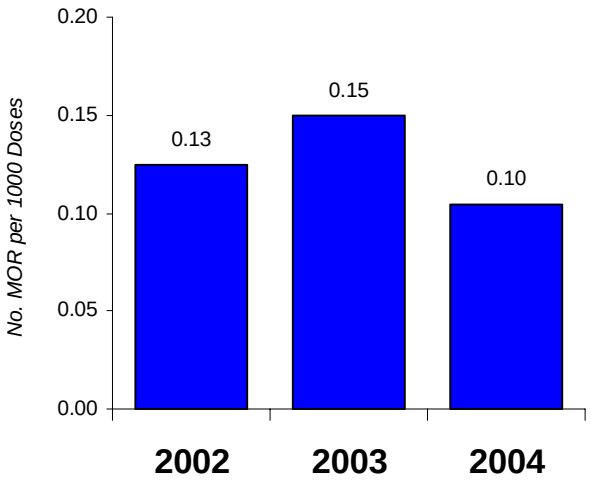
Data Source: DMR Medication Occurrence Reports

FINDINGS: MOR Rate. 2004 experienced a continuation in the reduction of actual Medication Occurrence Reports (MORs). As can be seen in Table 4 and Figure 5, both the number of MORs and the estimated rate (no. of reports per 1000 doses of medication administered)[3] fell from 2003 levels, indicating an improvement in the safe administration of medication for persons receiving residential services and supports.

Table 4
Medication Occurrence Reports
2002 – 2004

Medication Occurrence Reports	2002	2003	2004	2003-2004 Change	Type of Change
No. MORs	4,370	4,043	3,599	-444	↓ +
No. Doses Adm	34,950,936	27,010,000	34,461,676	7,451,676	
Occurrence Rate (per 1000)	0.13	0.15	0.10	-0.05	↓ +

Figure 5
MOR Rates for 2002 – 2004



FINDINGS: Type of MOR.

The relative proportion of MORs by cause has remained relatively stable over time. As can be seen below in Table 5, there has been little change between 2002 and 2004 in the percentage of MORs attributed to the five primary types of reported medication errors.

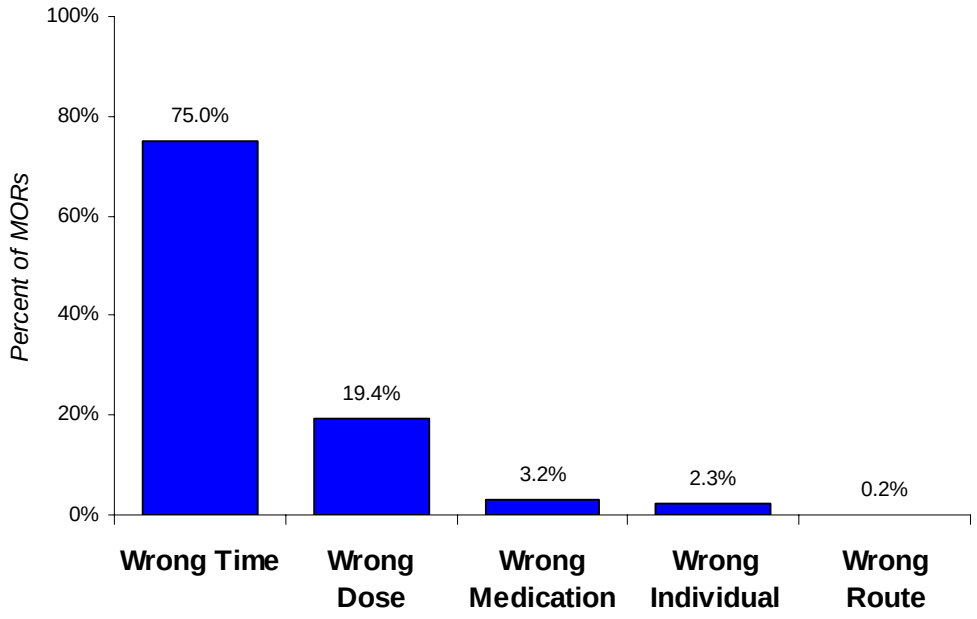
[3] Current methodology for determining annual medication doses administered is based on a quarterly count of actual does given on a designated day in over 40 homes. This count is extrapolated across the DMR residential system to arrive at an estimate of doses per day administered statewide. This is multiplied by 365 days to estimate the annual no. of doses of medication. The rate is derived by dividing the no. of MORs by the annual dosage estimate, multiplied by 1000.

Table 5
Percentage of MORs by Cause
2002 - 2004

Type of Medication Occurrence	2002	2003	2004	2003-2004 Change
Wrong Dose	21.9%	18.8%	19.4%	0.6%
Wrong Individual	2.4%	2.3%	2.3%	0.0%
Wrong Medication	5.6%	2.9%	3.2%	0.3%
Wrong Route	0.9%	0.3%	0.2%	-0.1%
Wrong Time	69.1%	75.7%	75.0%	-0.7%

Figure 6 illustrates the distribution of MORs by cause for 2004. As can be seen, 3 out of every 4 errors are associated with administering medication at the wrong time. A MOR is listed as "Wrong Time" when the medication is given more than an hour before or after the specific time ordered by the prescriber or if the medication is not given at all. Approximately 1 out of every 5 occurrences are due to providing the wrong dose. Fewer than 6% of the MORs are related to administering medication to the wrong person, via the wrong route or using the wrong medication, combined.

Figure 6
Percentage of MORs by Cause for 2004

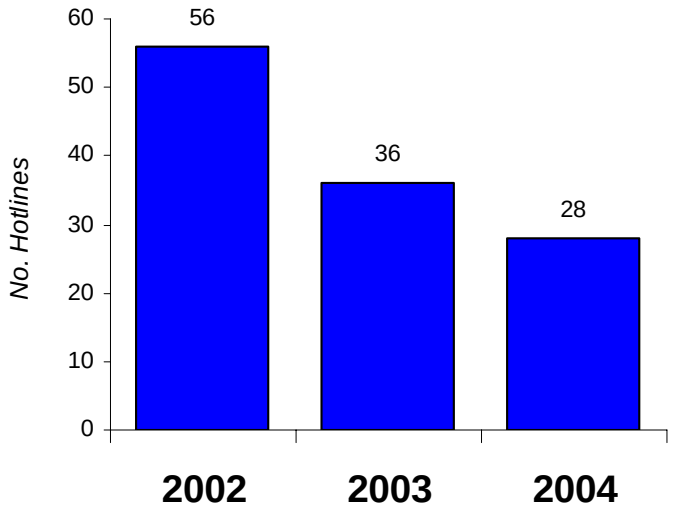


FINDINGS: Hotlines. Any medication occurrence that results in any type of medical intervention (e.g., lab test, emergency room visit, hospital admission) is categorized as a "Hotline." During 2004 there were 26 recorded Hotlines, a 22% reduction from 2003. As can be seen in Table 6 and Figure 7, over the past three years there has been a relatively steady and consistent reduction in these more serious medication occurrences.

Table 6
No. and Percentage of MOR "Hotlines"
2002 – 2004

MOR Hotlines	2002	2003	2004	2003-2004 Change (No.)	Type of Change
No. MORs	4,370	4,043	3,599	-444	+
No. Hotlines	56	36	28	-8	+
Percent Hotlines	1.3%	0.9%	0.8%	-0.1%	+

Figure 7
3 Year Trend in MOR Hotlines
2002 – 2004



Of special note, only one individual during 2004 required hospitalization due to a medication occurrence, representing just 3.6% of all Hotlines. This together with relatively consistent trends for the past few years suggest that within DMR programs and services there has been steady improvement in the safety of medication administration practices.

WHAT DOES THIS MEAN? *The relatively steady decrease in Medication Occurrence Reports and Hotlines suggests that medications are being more safely administered to persons served by DMR. Of those errors that do occur, 3 out of every 4 are associated with giving the medication at the wrong time.*

Indicator 5: Serious health and medication issues are identified and addressed.

Measures: No. and Percent of Action Reports re: Health/Medication Issues

No. of substantiated Medication related Investigations.

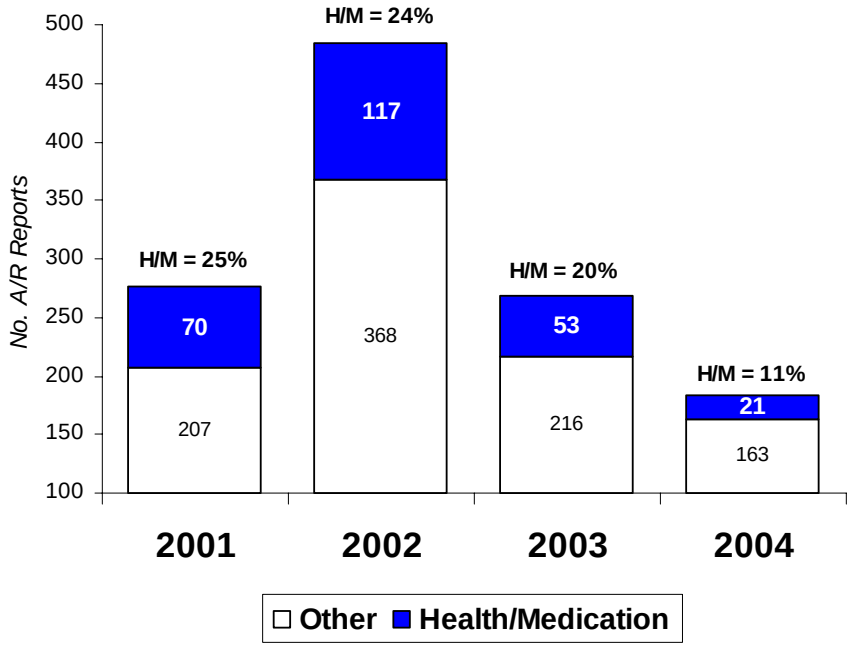
No. of substantiated Denial of Treatment/Medical Neglect Investigations.

Data Source: Survey and Certification Action Reports, DMR Investigations

FINDINGS: Action Reports. Action Required forms are completed during surveys when issues relating to health, medication, human rights, safe evacuation, safe environments or consumer funds are identified. Providers must respond within 24-48 hours for issues of "immediate jeopardy" and within 30-60 days for less serious issues of concern.

As can be seen in Figure 8 below, 2004 experienced a substantial decrease in the actual number of Action Reports from the previous three years. In addition, `the relative percentage of A/R reports related to health and medication also dropped rather precipitously. Such a trend is indicative of fewer and fewer serious issues related to medical care and medication practices being identified during the survey and certification process, a positive sign of improvements in the delivery of health care within DMR.

Figure 8
No. and Percentage of Health/Medication Action Reports
2001 – 2004



FINDINGS: Medication Investigations. As can be seen in Table 7 below, over the course of the past three years[4] a relatively stable trend has emerged with regard to the number of investigations regarding medication incidents, and both the number and percentage of such investigations that are substantiated. In fact, data demonstrate a 29% reduction in the number of substantiated medication-related investigations between 2003 and 2004 alone. These trends, as well as those present for Medication Occurrence Reports, strongly suggest continued improvement in the ability of personnel to safely administer consumer medications.

Table 7
Medication Investigations
2002 – 2004

Medication Investigations	FY 02	FY 03	FY04	Percent Change 2003-2004	Type of Change
No. Investigations re: Medication	51	40	29	-28%	↓ +
No. Investigations Substantiated	34	24	17	-29%	↓ +
Percent Investigations Substantiated	67%	60%	59%	-1%	⇔

FINDINGS: Denial of Treatment Investigations. A review of investigations data shows that both the actual number of investigations and those that were substantiated during 2004 for denial of medical treatment/medical neglect experienced a rather substantial reduction from levels evident in the previous three years. In fact, substantiated investigations fell by 42% between 2003 and 2004. This positive trend is illustrated below in both Table 8 and Figure 9, and suggests improvement in health-related care across the DMR system.

Table 8
Investigations for Denial of Medical Treatment/Medical Neglect
2001 – 2004

Denial of Treatment & Medical Neglect Investigations	FY 01	FY 02	FY 03	FY 04	Percent Change 2003-2004	Type of Change
Total Investigations	NA	109	102	73	-28%	↓ +
No. Substantiated	56	50	50	29	-42%	↓ +

[4] Data regarding investigations specific to medication was not available for 2001 and is therefore not included in the tables and graphs presented above.

Figure 9
No. Substantiated Investigations for Denial of Medical Treatment/Medical Neglect
2001 – 2004

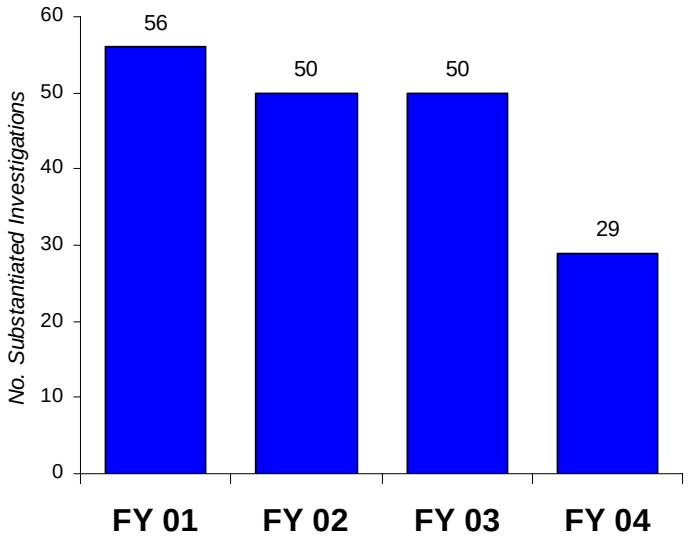


Table 9 and Figure 10 illustrate the number of substantiated findings[5] by cause across a three year time period. As can be seen, the majority of findings are related to:

1. Failure to seek attention for signs and symptoms of illness, and
2. Failure to follow proper emergency protocols and procedures when required.

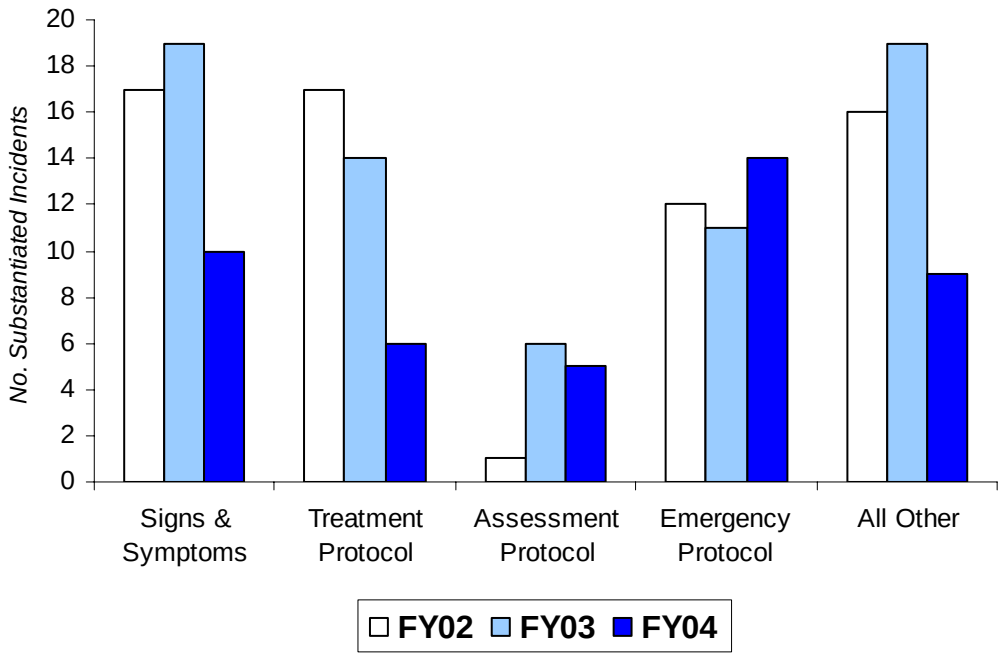
Data indicate there has been a rather substantial reduction in investigation findings pertaining to all types of substantiated findings with the exception of failure to follow proper emergency protocols and procedures. In this latter instance, there was an actual increase between 2003 and 2004.

Table 9
Findings re: Substantiation of Denial of Medical Treatment and Medical Neglect
2002 – 2004

TYPE of Med Neg/Denial Med Trtmnt	FY02	FY03	FY04	Percent Change 2003-2004	Type of Change
Signs & Symptoms	17	19	10	-47%	+
Treatment Protocol	17	14	6	-57%	+
Assessment Protocol	1	6	5	-17%	+
Emergency Protocol	12	11	14	27%	-
All Other	16	19	9	-53%	+
Total	63	69	44	-36%	+

[5] Figure 10 includes data related to findings resulting from each investigation, whereas Figure 9 illustrates investigations. Since one investigation may result in more than one finding there is a difference in the totals.

Figure 10
Leading Causes for Substantiated Denial of Medical Treatment/Medical Neglect
2002 – 2004



WHAT DOES THIS MEAN? *2004 experienced a reduction in health and medication issues that required intervention by DMR and/or investigation for denial of medical treatment/neglect, suggesting an improvement in the safety and delivery of health-related care for persons served by DMR.*

PROTECTION FROM HARM

OUTCOME: People are protected from harm.

Indicators:
1. Individuals are protected when there are allegations of abuse, neglect or mistreatment.
2. CORI checks are completed for staff and volunteers working directly with individuals.
3. Safeguards are in place for individuals who are at risk.

RESULTS:

Individuals' basic protection from harm was evaluated using 3 primary indicators with 7 measures. Stable trends (little or no change) are noted for three of the measures and improvement is seen in four, including measures associated with employee criminal background checks and abuse/neglect investigations, representing a shift from trends noted in last year's report. The number and rate of critical incident reports continues to rise. However, recent changes to the system and strong emphasis by DMR on the importance of filing incident reports may be partially responsible for such an increase.

These results are summarized below in Figure 11 and explained in more detail on the following pages.

Figure 11
Summary of Trends for Protection from Harm Indicators and Measures
2003 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Protection - *people are protected from harm.*	1. Investigations	No. & Percent Substantiated	⇔	↓ +
		Trends: Most Common Types	NA	NA
	2. CORI checks	No. Without Violations	↑ +	↑
		Violations per Provider	↑ -	↓ +
		Percent Lack of Records	↑ -	↓ +
	3. Safeguards for Persons at Risk	Corrective Action	⇔	⇔
		Preventive Action	⇔	⇔
		CIR Rates	↑ -	↑ -
		CIR by Type	NA	NA

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People are protected from harm.

Indicator 1: Individuals are protected when there are allegations of abuse, neglect or mistreatment.

Measures: No. of Investigations and Percentage Substantiated

Rate of Substantiated Abuse/Neglect Investigations (No. per 1000)

Trends in Most Common Types of Substantiated Abuse/Neglect

Data Source: Investigations

FINDINGS: As can be seen in Table 10, the total number of investigations for complaints of abuse/neglect fell by 14% between FY03 and FY04 and reached the lowest level over the four year time period between 2001 and 2004. At the same time, the actual number of substantiated investigations (a more accurate measure of Abuse/Neglect incidents) fell by 16%. The percentage of investigations that were substantiated increased slightly from 2003 levels (although this may reflect the slightly higher no. of open cases in 2004 than in previous years at the time data was reported for preparation of this report). As can be seen in Figure 12, when the increase in population is also included in the analysis, the actual rate of substantiated investigations (no. per 1000 persons served) has shown a steady decline, falling from 21.0 to 12.9 from 2001 to 2004 and an 18% reduction over just the past year. Such a consistent and positive trend over four years suggests that individuals served by DMR may be experiencing fewer and fewer incidents of abuse and/or neglect over time.

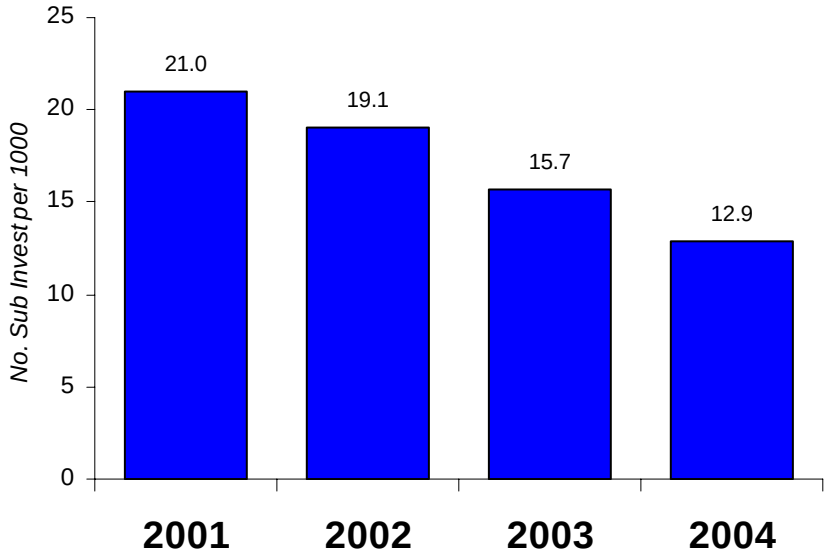
Table 10
No. of A/N Investigations, Percent and Rate Substantiated
2001 - 2004

Abuse/Neglect Investigations	2001	2002	2003	2004	Percent Change 2003-2004	Type of Change
Total Investigations	1,213	1,351	1,257	1,083	-14%	↓ +
Completed	1,213	1,311	1,148	913		
No. Substantiated	460	431	358	299	-16%	↓ +
Open	0	40	109	170		
Percent Substantiated	38%	33%	31%	33%	5%	⇔
Population (> 18 yrs)	21,898	22,604	22,802	23,157		
No. of Substantiated Investigations per 1000	21.0	19.1	15.7	12.9	-18%	↓ +

It should be noted that data regarding investigations reflects information as of the end of each fiscal year. As of September 2005, there were a total of 110 open cases for 2004.

This should be taken into account when reviewing the degree of change between 2003 and 2004 data.

Figure 12
Four Year Trend in the Rate of Substantiated Abuse/Neglect Investigations
2001 - 2004



The top five causes for substantiation of abuse/neglect have remained relatively stable between 2001 and 2004 and include:

1. **Omission** on part of caretaker, placing individual at risk
2. **Physical** abuse or assault by caretaker
3. **Verbal** abuse
4. **Emotional** abuse by the caretaker
5. **Medical** neglect and/or denial of treatment

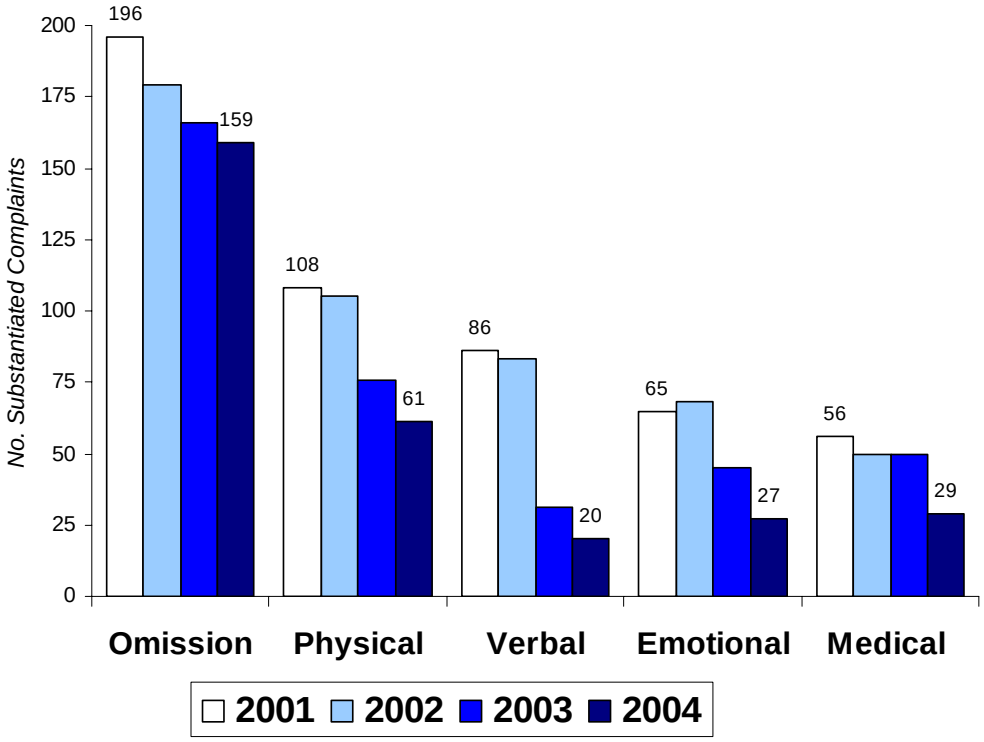
Table 11 provides information on the total number of substantiated complaints by type for the five leading causes between 2001 and 2004. As can be seen, while there was minimal change between 2003 and 2004 for substantiated complaints pertaining to acts of omission, positive trends are observed for the other four leading causes, *i.e.*, substantial reductions from last year are present for physical, verbal and emotional abuse and medical neglect. There was also an overall reduction in the total number of substantiated complaints for these five leading types of abuse/neglect during 2004.

Figure 13 illustrates these changes over the past four years and clearly shows that a very positive trend is occurring for all leading types of substantiated complaints, with all five demonstrating relatively consistent reductions over time.

Table 11
Changes in the No. Substantiated Complaints for the
Top Five Leading Types of Abuse/Neglect
2001 – 2004

TYPE of Substantiated Abuse	2001	2002	2003	2004	Percent Change 2003 - 2004	Type of Change
Omission	196	179	166	159	-4%	⇔
Physical	108	105	76	61	-20%	↓ +
Verbal	86	83	31	20	-35%	↓ +
Emotional	65	68	45	27	-40%	↓ +
Medical	56	50	50	29	-42%	↓ +
Subtotal	511	485	368	296	-20%	↓ +

Figure 13
Trends in Most Common Types of Substantiated Abuse/Neglect
2001 – 2004



WHAT DOES THIS MEAN? *The reductions in the number of abuse/neglect (A/N) investigations, the number of substantiated complaints and the A/N rate suggests that individuals served by DMR may be experiencing less abuse and neglect. Reductions in substantiated complaints from last year are present for four of the five leading types of substantiated complaints, with only omission showing minimal change from 2003 levels.*

Indicator 2: CORI checks are completed for staff and volunteers working directly with individuals.

Measures: No. of providers without CORI violations over time

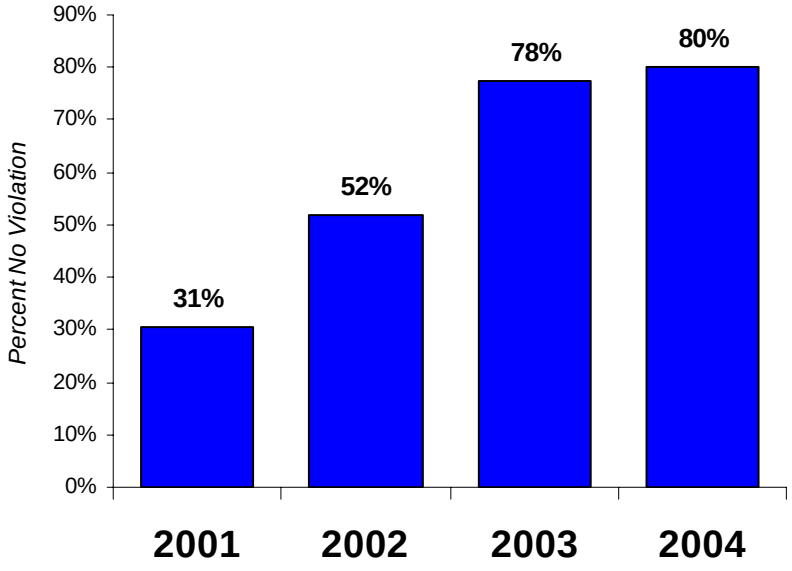
Average No. Violations per Provider

Percentage of violations caused by lack of records

Data Source: CORI Audit Database

FINDINGS: The positive trend toward increasing compliance with CORI requirements noted last year has continued. As can be seen in Figure 14 below, the percentage of audited providers without violations reached 80% in 2004, rising slightly from 2003 levels.

Figure 14
Percentage of Providers with No CORI Violations
2001 – 2004



Interestingly, and as can be seen in Table 12 below, a significantly greater number of providers were audited in 2004 than in 2003. However, the number of actual violations decreased, leading to a substantially lower rate of violations (average no. of violations per provider audited). This positive change is illustrated in Figure 15, and reverses the negative change noted last year.

Table 12
Summary of 4-Year Trends in CORI Audits
2001 – 2004

CORI	2001	2002	2003	2004
No. Providers Audited	101	181	89	229
No. Providers w Violations	70	87	20	46
No. Provider w No Violations	31	94	69	183
Percent w No Violations	31%	52%	78%	80%
No. Violations	108	109	200	62
No. Violations/Provider	1.07	0.60	2.25	0.27

Figure 15
Average No. CORI Violations per Provider Audited
2001 – 2004

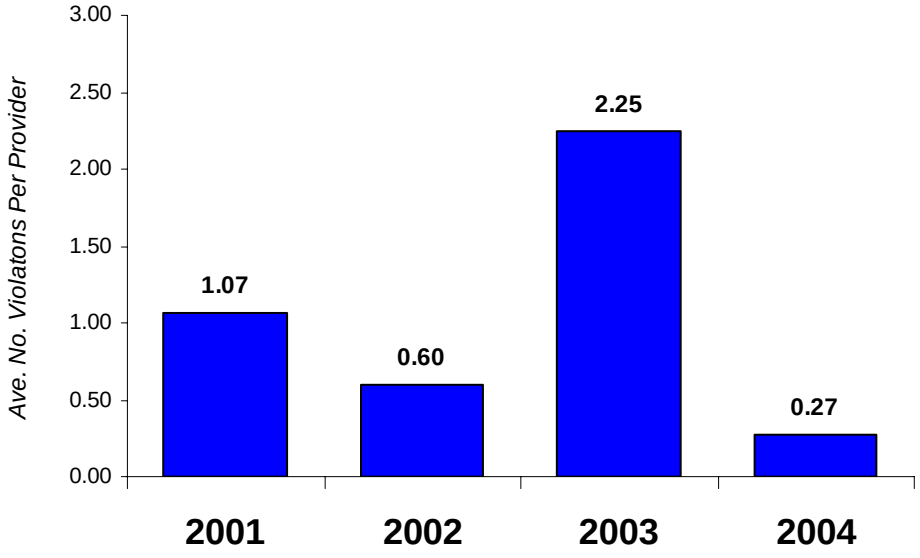
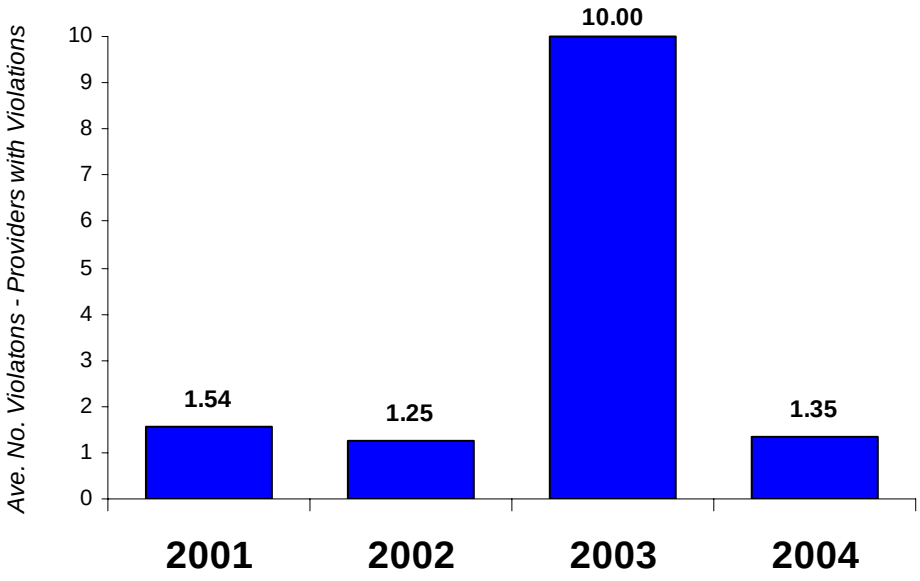


Figure 16 below illustrates the average number of CORI violations for only those providers who were cited (i.e., had violations). As can be seen, the average dropped precipitously from 2003 back to levels more characteristic of prior years. This suggests that the very high level of violations per provider reported last year for FY03 may have been an anomaly.

Figure 16
Average No. Violations per Provider
Only for those Providers with Violations
2001 -2004



Lack of adequate records[6] continues to be the largest cause of CORI violations. However, this reason for lack of adherence to CORI requirements fell from a level of 98% in 2003 to only 47% in 2004. The category of "Other Causes," which showed a significant increase from 2003, includes hiring applications not conforming to CORI regulations and the provider not adhering to the 5- or 10-yr disqualification requirement. A summary of causes for violations between 2001 and 2004 is presented below in Table 13.

Table 13
Summary of Causes of CORI Violations
2001 - 2004

Type of CORI Violation	*Percentage of Violations*			
	2001	2002	2003	2004
Lack of Records	21.3%	56.9%	98.0%	46.8%
Other Causes	44.4%	24.8%	1.5%	40.3%
Open Cases*	34.3%	18.3%	0.5%	12.9%

* No determination made at time of data analysis

WHAT DOES THIS MEAN? *Provider compliance with CORI requirements has shown substantial improvement from last year. However, lack of records is no longer the predominant cause of those violations that are present.*

[6] This category is listed as a violation when a provider cannot produce formal documentation that it requested a CORI on individuals in its employ.

Indicator 3: Safeguards are in place for individuals who are at risk.

Measures: Percentage of situations in which people have been mistreated where corrective actions are taken.

Percentage of situations in which people have been mistreated in which steps are taken to prevent the situation from occurring again.

Critical incident report (CIR) rates.

No. of CIR's by type.

Data Source: Survey and Certification (5.2C and 5.2D)

Critical Incident database

FINDINGS: Corrective and Preventive Action. During the Survey and Certification process surveyors identify situations where concerns exist re: possible mistreatment (e.g., abuse/neglect) of the individuals being reviewed. This is done through a review of substantiated investigations and action plans that have occurred since the last review. They also identify whether or not the provider has taken appropriate actions to correct the situation and to prevent it from occurring in the future.

Data from the Survey and Certification database (Indicators 5.2C and 5.2D) are presented below in Tables 14 and 15. As can be seen, there is a relatively high rate for both corrective and preventive actions by providers, with 92% of concerns addressed both through corrective and preventive actions during 2004. However, and as can be seen by reviewing Figures 17 and 18, in both instances the rate of correction/prevention has fallen from levels experienced during 2002 over the past two years.

Table 14
Corrective Actions Taken for Concerns about Mistreatment
2001 – 2004

Corrective Action: Mistreatment (5.2C)	**2001**	**2002**	**2003**	**2004**	**Change 2003-2004**
No. w Concerns	376	510	269	368	
No. w Corrective Action	359	491	250	339	
Percent Corrected	95%	96%	93%	92%	⇔

Table 15
Preventive Actions Taken for Concerns about Mistreatment
2001 – 2004

Preventive Action: Mistreatment (5.2D)	**2001**	**2002**	**2003**	**2004**	**Change 2003-2004**
No. w Concerns	376	509	269	368	
No. w Corrective Action	359	492	248	340	
Percent Corrected	95%	97%	92%	92%	⇔

Figure 17
4 Years Trends for Corrective Action re: Concerns about Mistreatment
2001 - 2004

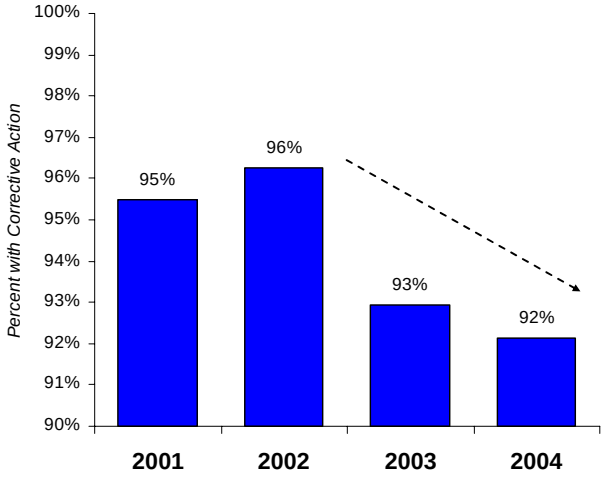
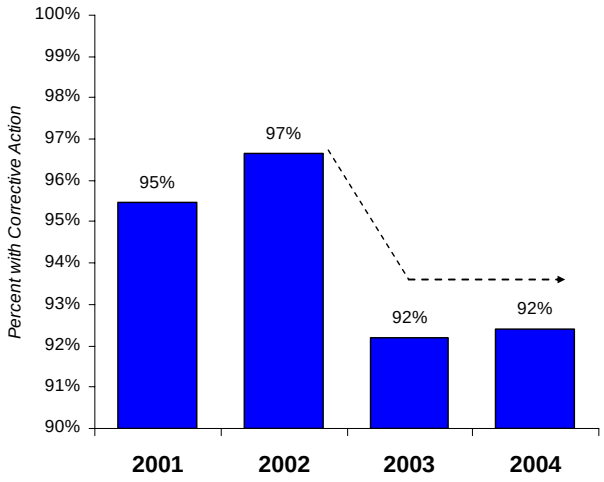


Figure 18
4 Year Trend for Preventive Action re: Concerns about Mistreatment
2001 – 2004



WHAT DOES THIS MEAN? *When concerns are raised re: past or potential abuse/neglect, providers take corrective and preventive action more than 90% of the time. However, this rate of action has fallen off from levels obtained during 2002.*

FINDINGS: Critical Incident Reports. Staff and providers are required to report unusual incidents that place individuals at risk in order to provide DMR with a mechanism to both track incidents and assure appropriate corrective actions are taken in a timely fashion. ***Over the past few years there has been an ever increasing emphasis placed on assuring that Critical Incident Reports (CIR) are completed and filed. This focus has resulted in a significant increase in the number of reports that have been filed since 2001.*** It is also important to note that during 2004/05 there have been additional initiatives underway to refine reporting categories as a means of improving the consistency and reliability of critical incident reports.

Table 16 and Figure 19 below illustrate changes in CIR data over the past four years. These changes undoubtedly reflect the department's increased focus on reporting. During 2004 there were a total of 985 CIRs resulting in a rate of 30.6 reports per 1000 people served (the population figure reflects all individuals eligible for DMR services regardless of age). As can be seen, the rate of CIRs (no. of reports per thousand people served) continued to increase from levels documented in prior years, although the rate of increase may be slowing down. As noted above, changes in policy emphasis may also be influencing this trend. Extreme caution must therefore be exercised in reviewing current CIR data as it may or may not be representative of an increase in *actual* incidents.

Table 16
No., Percent and Rate of Critical Incidents
2001 - 2004

CIR Rates	No. CIR	Population	Percent	Rate (no. per 1000)	Change 2003-2004
2001	378	30,722	1.2%	12.3	
2002	623	31,718	2.0%	19.6	↑ -
2003	875	32,004	2.7%	27.3	↑ -
2004	985	32,144	3.1%	30.6	↑ -

Figure 19
Critical Incident Report Rate (No. per Thousand)
2001 - 2004

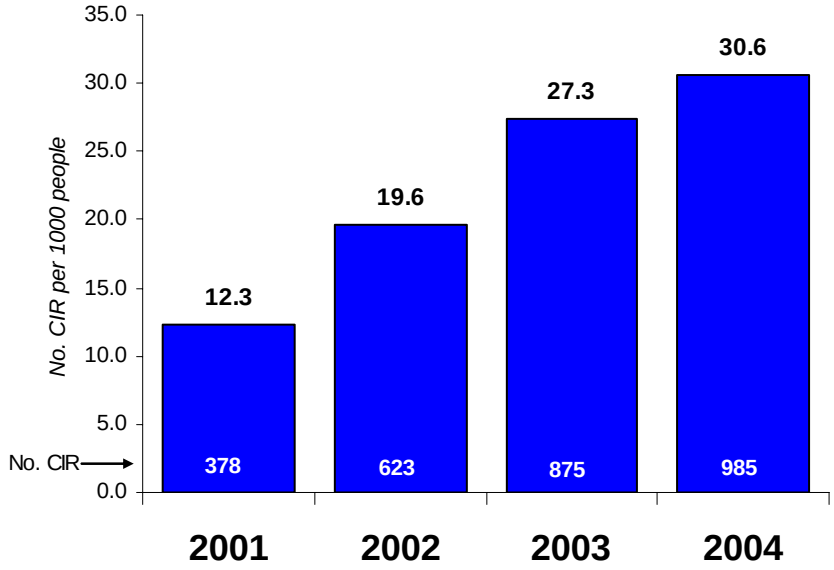


Table 17 provides more detailed information regarding the type of reported incidents. As can be seen, in 2004 there were a total of 985 critical incidents reported to DMR. This represents an increase of 110 reports from the 2003 level, or an increase of 13%. Incidents categorized as "Other" and those associated with assault, inappropriate behavior, accidents (injuries) and criminal activity were the most frequently reported during 2004 and accounted for 80% of all critical incident reports.

During 2004, an effort was made by DMR to more clearly define incident types. This resulted in some modifications to the existing categories, resulting in the elimination of incidents categorized as "physical abuse." All events where an incident of physical abuse towards a consumer was alleged became categorized as "assaults to the consumer." This may account for the increase in incidents labeled as assaults. In circumstances where an individual is alleged to assault another person, the event now must include an arresting police officer and the incident is classified as "criminal activity".

A noticeable spike (218 in 2004 compared to 120 in the previous year) in the number of incidents under the category of "other" is also noteworthy and requires further examination and analysis.

These changes to categories, as well as the continued emphasis that was placed on reporting may compromise the ability to perform exacting year-to-year comparisons. Caution must therefore be exercised in drawing conclusions regarding changes and potential trends. It is anticipated that greater stability in reporting will be achieved during 2006 with the onset of an automated electronic reporting system that will improve the timeliness and accuracy of reporting both minor and major incidents.

Table 17
No. Critical Incident Reports by Type
2001 - 2004

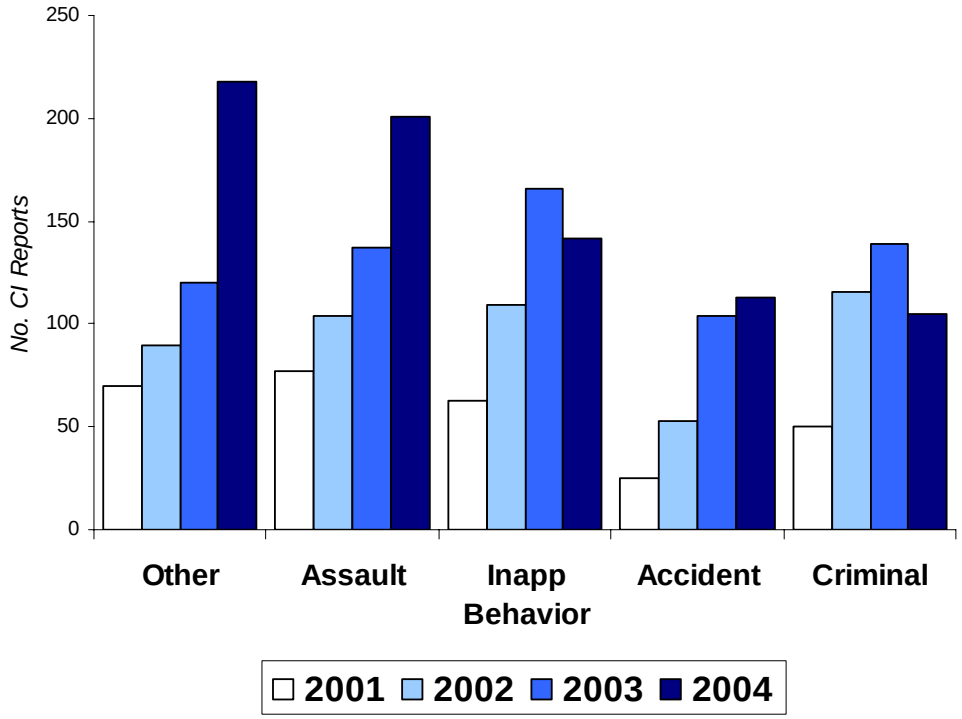
CRITICAL INCIDENT REPORTS	2001		2002		2003		2004		Type of Change 2003-2004
Type	No.	Percent	No.	Percent	No.	Percent	No.	Percent	
Accident	25	7%	53	9%	104	12%	113	11%	⇧
Assault	77	20%	104	17%	137	16%	201	20%	↑ -
Caretaker	12	3%	32	5%	40	5%	27	3%	↓ +
Criminal	50	13%	116	19%	139	16%	105	11%	↓ +
Inapp Behavior	63	17%	109	17%	166	19%	142	14%	↓ +
Medical	8	2%	25	4%	33	4%	46	5%	↑ -
Missing	29	8%	69	11%	75	9%	90	9%	↑ -
Other	70	19%	90	14%	120	14%	218	22%	↑ -
Phys Abuse	14	4%	4	1%	10	1%	0	0%	NA
Inapp Sexual	24	6%	11	2%	28	3%	26	3%	⇔
Fire	6	2%	10	2%	23	3%	17	2%	↓ +
Total	378	100%	623	100%	875	100%	985	100%	↑ -

Table 18 and Figure 20 below illustrate trends for the top five categories of critical incidents that are reported to DMR over the four year time period between 2001 and 2004. As can be seen, these five categories have consistently accounted for over 75% of all CIRs, approaching 80% in 2004. The "Other" category experienced a dramatic increase in 2004 (see narrative above for explanation). More consistent increases are noted for "Assault" and "Accidents." Interestingly, the categories of "Inappropriate Behavior" and "Criminal Involvement," while increasing between 2001 and 2003, actually decreased in 2004.

Table 18
Trends for the Top 5 CIR Categories
2001 - 2004

TOP 5 CIR Categories	2001	2002	2003	2004	Percent Change 2003-2004
Other	70	90	120	218	82%
Assault	77	104	137	201	47%
Inapp Behavior	63	109	166	142	-14%
Accident	25	53	104	113	9%
Criminal	50	116	139	105	-24%
Subtotal	285	472	666	779	17%
Percent total CIR	75%	76%	76%	79%	

Figure 20
Trends in the Top 5 Categories of CIR
2001 – 2004



WHAT DOES THIS MEAN? *More and more Critical Incident Reports are being submitted to DMR. Emphasis on the need for appropriate and timely filing of CIRs may be strongly contributing to this trend. While changes to the categories used for documenting CIRs have limited the ability to identify specific trends, data suggest decreases in incidents associated with inappropriate behavior and criminal activity and possible increases in assault and accidents. A new electronic CIR system is planned for implementation in 2006 that should result in more stable reporting and a better ability to identify and track trends.*

SAFE ENVIRONMENTS

OUTCOME: People live and work in safe environments.

Indicators:

1. Homes and work places are safe, secure and in good repair.
2. People can safely evacuate in an emergency
3. People and their supporters know what to do in an emergency.

RESULTS:

Survey and certification findings demonstrate that 92% of persons reviewed lived and/or worked in an environment that was determined to be safe, secure, in good repair and in which no specific safety issues were identified. As part of the review process, any safety issues that are identified (e.g., relating to smoke detectors, required inspections) are immediately noted and follow-up is conducted within 24-48 hours. A similar pattern was found for both the ability of individuals to safely evacuate their residence or work site and for individual and support staff knowledge of what to do in emergency situations. No appreciable change for any of these indicators took place between FY01 and FY04.

Data from Action Required Reports related to safety and evacuation shows a continued decrease in reports, a positive sign of improvements in the area of safety.

Figure 21 illustrates the general trends for this outcome for both FY03 and FY04.

Figure 21
Summary of Trends for Safe Environments Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Safe Environments - *People live and work in safe environments.*	1. Safe homes and work places	Percent Safe Environment	⇔	⇔
		Action Required Reports	↓ +	↓ +
	2. Evacuate Safely	Percent - Safely Evacuate	⇔	⇔
		Action Required Reports	↓ +	↓ +
	3. Know what to do in Emergency	Percent - Know what to do	⇔	⇔

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People live and work in safe environments.

Indicator 1: Homes and work places are safe, secure and in good repair.

Measures: Percentage of individuals found to be living and working in safe environments

Percentage of Action Required citations due to environmental concerns

Data Source: Survey and Certification (5.1A)

FINDINGS: Living/working in safe environments. Table 19 below presents summary survey and certification data that assesses the number and percentage of persons surveyed who were determined to live and work in environments that are safe, secure and in good repair. As can be seen, this percentage has remained relatively stable over the past four years, ranging from a low of 91% in 2001 to a high of 94% in 2002.

Table 19

No. and Percent of Persons Who Live and Work in Safe Environments
FY01 – FY04

Safe Environments	2001	2002	2003	2004	Type of Change 2003-2004
No. Applicable	1810	2161	1881	1882	
No. Safe, Secure & Good Repair	1647	2025	1742	1726	
Percent Safe, Secure & Good Repair	91%	94%	93%	92%	⇔

Action Required Reports. Action Required reports are issued by survey and certification personnel whenever there is a concern regarding the safety and welfare of individual consumers, including for issues associated with environmental safety. As can be seen below in Table 20 there was a substantial decrease in the total number of reports issued between 2003 and 2004 for concerns over the living and/or work environments for persons served by DMR.

Table 20

Action Required Reports for Environmental Issues
FY01 – FY04

Action Required Reports: Environmental	2001	2002	2003	2004	Percent Change 2003-2004	Type of Change 2003-2004
No. Reports for Environmental Issues		140	90	62	-31%	↓ +
Percent of Total Reports		29%	33%	34%		⇔

Indicator 2: People can safely evacuate in an emergency.

Measures: Percentage of individuals who can safely evacuate in an emergency

Data Source: Survey and Certification 5.1C

FINDINGS: Table 21 demonstrates a very stable trend over time in the percentage of persons deemed capable of safely evacuating. Safe evacuation is defined as being able to leave a residence with or without assistance within 2.5 minutes. As can be seen, for the past three years, 96% of all persons in residential and day sites that were reviewed could evacuate safely. In addition, the actual number of Action Required Reports related to safe evacuation has continued to decrease.

Table 21
Percentage of Persons Able to Safely Evacuate
FY01 – FY04

Safely Evacuate	2001	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	2115	2514	2162	2184	
No. able to Evacuate	2006	2412	2079	2103	
Percent able to Evacuate	95%	96%	96%	96%	⇔

Table 22
Action Required Reports for Evacuation Issues
FY01 – FY04

Action Required Reports: Evacuation	2001	2002	2003	2004	Percent Change 2003-2004	Type of Change 2003-2004
No. Reports for Evacuation Issues		108	48	41	-15%	↓ +
Percent of Total Reports		22%	18%	23%		⇧

Indicator 3: People and their supporters know what to do in an emergency.

Measures: Percentage of individuals who know what to do in an emergency

Data Source: Survey and Certification 5.1B

FINDINGS: The results for this indicator are almost identical to those for the preceding indicator. Results are presented below in Table 23. As can be seen, during 2004, 93% of

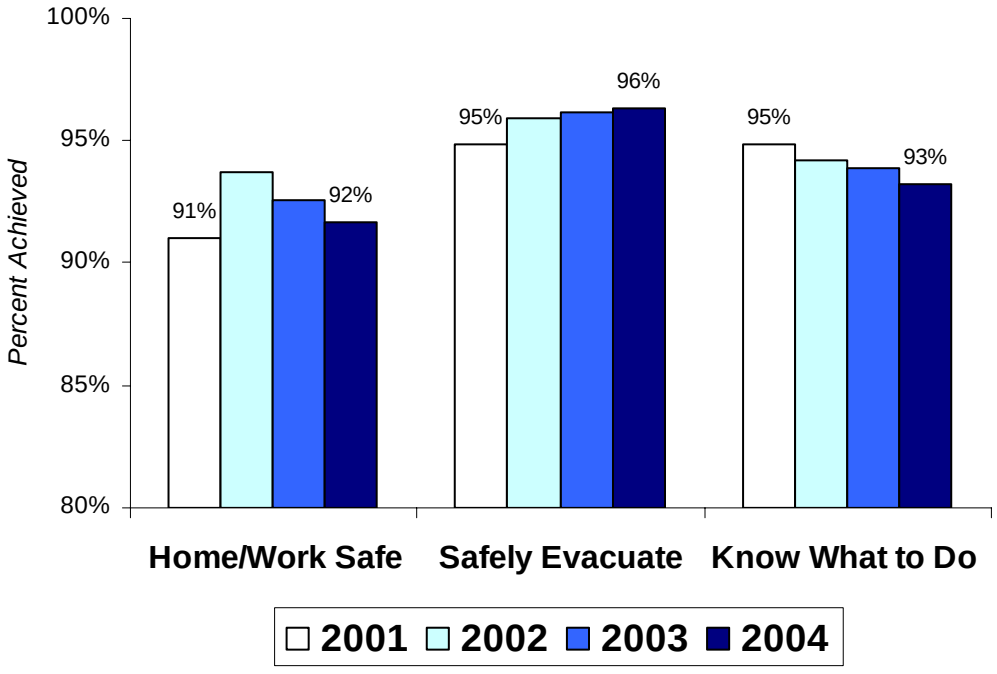
persons reviewed had knowledge about how to respond properly to an emergency situation, a very slight reduction from previous years.

Table 23
No. and Percentage of Persons who know what to do in an Emergency
FY01 – FY04

Emergency Response	2001	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	2115	2514	2162	2184	
No. Know What to Do	2006	2368	2030	2036	
Percent Know What to Do	95%	94%	94%	93%	⇔

A comparison of three Survey and Certification Indicators related to safety is illustrated in Figure 22 below. As can be seen, over the four year period between 2001 and 2004 there has been minimal change in all three measures. A very slight but steady increase is seen for being able to safely evacuate, and a somewhat small but steady decrease is seen for knowledge about what to do in an emergency. No trend is present for the safety and security of the home and work environments.

Figure 22
Comparison of 3 Survey and Certification Safety Indicators
2001 – 2004



WHAT DOES THIS MEAN? *A very high percentage of persons reviewed live and work in safe and secure environments. Data suggest possible trends toward improvement in the safety of home and work places, although over time, there has been relative consistency in most measures of safe environments.*

PRACTICE HUMAN & CIVIL RIGHTS

OUTCOME: People understand and practice their human and civil rights.

Indicator: 1. People exercise their rights in their everyday lives.

RESULTS:

Survey and certification findings demonstrate that a very high percentage of individual consumers appear to understand and practice their human and civil rights and are treated with respect by staff and others. Over time this finding has remained quite stable, with no difference noted between 2003 and 2004.

Figure 23 illustrates the general trends for this outcome.

Figure 23
Summary of Trends for Human and Civil Rights Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Practice Rights - *People understand and practice their human and civil rights.*	1. People exercise their rights	Percent Exercise Rights	⇔	⇔
		Percent Treated Same	⇔	⇔
		Percent Treated with Respect	⇔	⇔

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Red = negative trend (-)

White = slight change/neutral trend

OUTCOME: People understand and practice their human and civil rights.

Indicator 1: People exercise their rights in their everyday lives.

Measures: Percentage of individuals found to be exercising their rights

Percentage of people who receive the same treatment as other employees at work

Percentage of people who experience respectful interactions compared to NCI

Data Source: Survey and Certification (1.2B, 1.2C, 1.1A)
NCI

FINDINGS: Exercise rights. Table 24 below presents the results from four years of survey and certification reviews that evaluate the extent to which people were seen as exercising their rights in their everyday lives. As can be seen a stable trend continues across the four year time period, with data indicating that a very high percentage of persons (95%) are exercising their rights in surveyed programs.

Table 24
No. and Percentage of Persons Who Exercise Rights
FY01 – FY04

Exercise Rights	2001	2002	2003	2004	Type of Change 2003-2004
No. Applicable	1111	2514	2162	2184	
No. Exercising Rights	1053	2375	2027	2082	
Percent Exercising Rights	95%	94%	94%	95%	⇔

Same treatment. Survey and Certification results regarding the extent to which DMR consumers reviewed within employment settings were determined to be treated the same as other employees is presented below in Table 25. Once again findings indicate the presence of a stable trend, with a very high percentage of individuals (>95%) determined to be treated in the same manner as other non-disabled employees over the four year time period between FY01 and FY04..

Table 25
No. and Percentage of Persons Who Receive the Same Treatment as Other Employees (Day Only)
FY01 – FY04

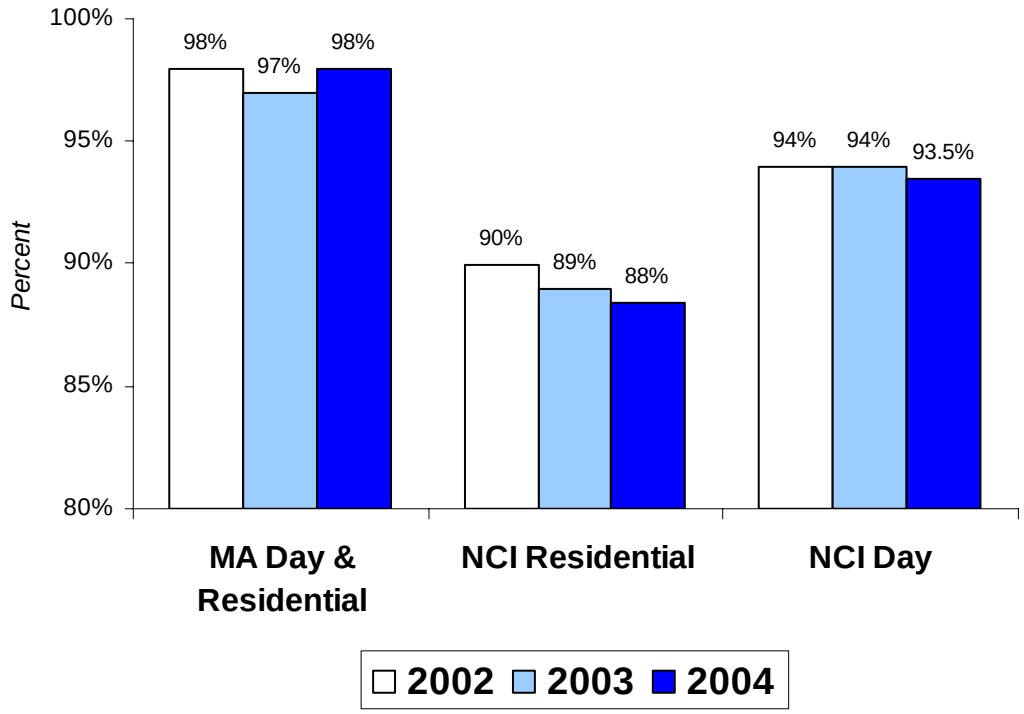
Treated Same as Other Employees	2001	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	914	960	948	914	
No. Treated Same	877	930	916	888	
Percent Treated Same	96%	97%	97%	97%	⇔

Respectful interactions. Survey and certification reviews by the Massachusetts DMR in 2004 determined that within day and residential settings 98% of individuals experience respectful interactions from staff and others. These results compare very favorably with results reported in the National Core Indicators (average across participating states). It should be noted that the Massachusetts data combines residential and day settings whereas the NCI data is reported separately for each type of service/support setting. Results are illustrated below in Table 26 and Figure 24. As can be seen, within Massachusetts a very stable trend is evident whereas within the NCI national data a slight decrease is noted over the past few years.

Table 26
Percent of Persons Experiencing Respectful Interactions
Comparison of Massachusetts DMR with National Core Indicators
2002 – 2004

Respectful Interactions	2001	2002	2003	2004	Type of Change 2003-2004
MA Day & Residential		98%	97%	98%	⇔
NCI Residential		90%	89%	88%	
NCI Day		94%	94%	94%	

Figure 24
Percent of Persons Experiencing Respectful Interactions
Comparison of DMR with NCI
2002 - 2004



WHAT DOES THIS MEAN? *For individuals served in programs that are reviewed by the DMR Survey and Certification unit, a very high percentage are determined to be adequately practicing their civil and human rights. The percentage of persons reported to experience respectful interactions within Massachusetts DMR residential programs may be slightly higher than the national average as reported in the National Core Indicators.*

RIGHTS ARE PROTECTED

OUTCOME: People's rights are protected.

Indicators:

1. Less intrusive interventions are used before implementing a restrictive intervention.
2. People and/or guardians give consent.
3. People know where and how to file a complaint.
4. Amount of emergency restraint used.

RESULTS:

A review of quality data associated with protection of rights demonstrates a relatively stable trend for some of the indicators and the potential presence of positive and somewhat negative trends for others, particularly when a comparison is made between persons living in facilities and community settings. As can be seen in Figure 25 below, no real change has occurred between 2003 and 2004 for both the percentage of persons who had less intrusive interventions used before a more intrusive program and for the percentage of persons who know how and are able to file complaints. However, a slightly positive trend may be developing for the percentage of persons who provide informed consent prior to the use of a restrictive procedure. The use of restraints shows a mixed pattern including a positive trend toward fewer persons in facilities experiencing restraint. However, there is a possible increasing trend in both facilities and community settings for the average number of restraints that are used for individuals who experience restraint throughout the year. These findings are summarized below in Figure 25 and explained in greater detail on the following pages of this section.

Figure 25
Summary of Trends for Rights are Protected Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Rights Protected - *People's rights are protected*	1. Less Intrusive Interventions	Percent - Less Intrusive Used	⇔	⇔
	2. Consent - Restrictive Interventions	Percent - with Consent	⇔	⇧
	3. File Complaints	Percent - Able to File Complaint	⇔	⇔
	4. Restraint Utilization	Facility: Percent Restrained	⇧	⇩ +
		Community: Percent Restrained	⇧ -	⇔
		Facility: Ave No. Restraints	⇩ +	⇧
		Community: Ave No. Restraints	⇧ -	⇧

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People's rights are protected.

Indicator 1: Less intrusive interventions are used before implementing a more restrictive intervention.

Measures: Percentage of individuals who have had less intrusive interventions tried.

Data Source: Survey and Certification (1.3A)

FINDINGS: Table 27 below presents the results for 2002 through 2004 survey and certification reviews regarding the use of less intrusive interventions. As can be seen, during 2004 97% of individuals who were reviewed had evidence that less intrusive interventions were utilized before moving to more intrusive approaches, returning to levels observed in 2002. The trend for this quality indicator appears relatively stable over time.

Table 27
No. and Percentage of Persons with Less Intrusive Interventions Used First
2002 - 2004

Less Intrusive Interventions	2001	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	NA	1663	1155	1548	
Less Intrusive Interventions Used First	NA	1610	1097	1509	
Percent Less Intrusive Interventions Used First		97%	95%	97%	⇔

Indicator 2: People and guardians give consent for restrictive interventions.

Measures: Percentage of individuals who provide informed consent for the use of restrictive interventions

Data Source: Survey and Certification (1.3C)

FINDINGS: Surveyors review several distinct components of informed consent, including but not limited to whether or not a full and understandable explanation is provided re: the risks and benefits of a procedure the fact that the individual can withdraw consent at any time. Survey and Certification reviews indicate that between 85% and 78% of persons with restrictive interventions have had all appropriate processes followed with respect to obtaining informed consent between 2001 and 2004. As can be seen in Table 28, while there was a slight decrease in 2003, the level improved in 2004.

Table 28
No. and Percentage of Persons with Restrictive Interventions Who Provided Informed Consent
2001 - 2002

Consent for Restrictive Interventions	2001	2002	2003	2004	Type of Change 2003-2004
No. Applicable	794	1238	921	991	
No. with Consent	642	1047	716	811	
Percent with Consent	81%	85%	78%	82%	⇧

Indicator 3: People know where and how to file a complaint.

Measures: Percentage of individuals who know where and how to file complaints.

Data Source: Survey and Certification (5.2E)

FINDINGS: Survey and Certification reviews show that an extremely high percentage of persons – 98% - know how to file a complaint and where it should be filed. A stable trend is noted over the three year time period between 2002 and 2004.

Table 29
No. and Percentage of Persons Able to File Complaints
2002 - 2004

Know How to File Complaint	2001	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	NA	2514	2162	2184	
No. Able to File Complaint	NA	2476	2110	2148	
Percent Able to File Complaint		98%	98%	98%	⇔

WHAT DOES THIS MEAN? *Almost all individuals reviewed in the Survey and Certification process know how to file complaints and are provided with less intrusive interventions prior to the use of more restrictive procedures. A lesser percentage have gone through all the necessary steps that comprise the process for obtaining informed consent before restrictive procedures are used. Trends are very stable over time.*

Indicator 4: Restraint utilization.

Measures: Number and percentage of individuals served by DMR who experience emergency restraint

Average number of restraints used per person restrained

Data Source: Restraint database

FINDINGS: Percent Restrained. An analysis of data from the DMR restraint database shows that there has been a relatively steady increase in the percentage of persons served by DMR[7] who have experienced emergency restraint between 2001 and 2004, as illustrated in both Table 30 and Figure 26 below. This increase has occurred primarily within community programs. The percent of persons restrained in facilities has actually decreased over time (see Table 30). Figure 27 more clearly illustrates the difference between facilities and community settings with regard to the percent of the population experiencing the use of restraint. While persons in facilities appear to be experiencing less restraint, the opposite trend is present for persons in community based programs and services.

Table 30
Restraint Utilization for Persons in Facilities and Community Settings
2001 - 2004

Percent Population Restrained	Setting	No. People Served	No. Restrained	Percent of Poulation Restrained	Type of Change 2003-2004
2001	Facility	1,223	77	6.3%	
	Community	11,553	485	4.2%	
	Combined	12,776	562	4.4%	
2002	Facility	1,193	65	5.4%	
	Community	11,892	615	5.2%	
	Combined	13,085	680	5.2%	
2003	Facility	1,157	68	5.9%	
	Community	12,417	711	5.7%	
	Combined	13,574	779	5.7%	
2004	Facility	1,109	49	4.4%	↓ +
	Community	12,301	733	6.0%	⇔
	Combined	13,410	782	5.8%	⇔

[7] The number of people subject to restraint was derived from the CRS database of all active individuals over the age of 18. Persons in family and individual support services are not included.

Figure 26
Percent Population Restrained
Combined Facilities and Community
2001 - 2004

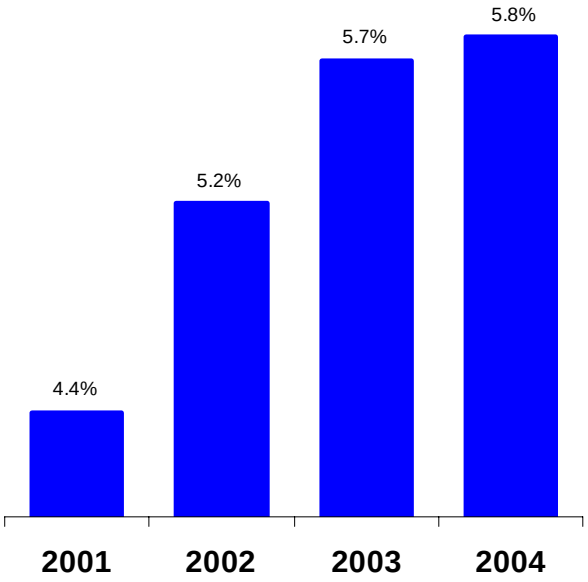
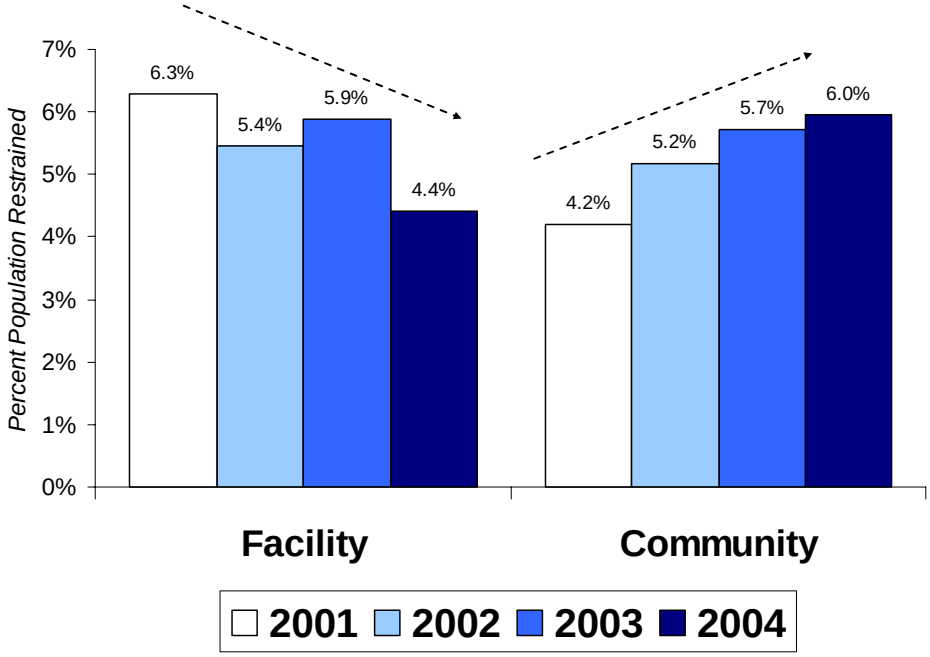


Figure 27
Trends in Percent Population Restrained in Facilities and Community Settings
2001 - 2004



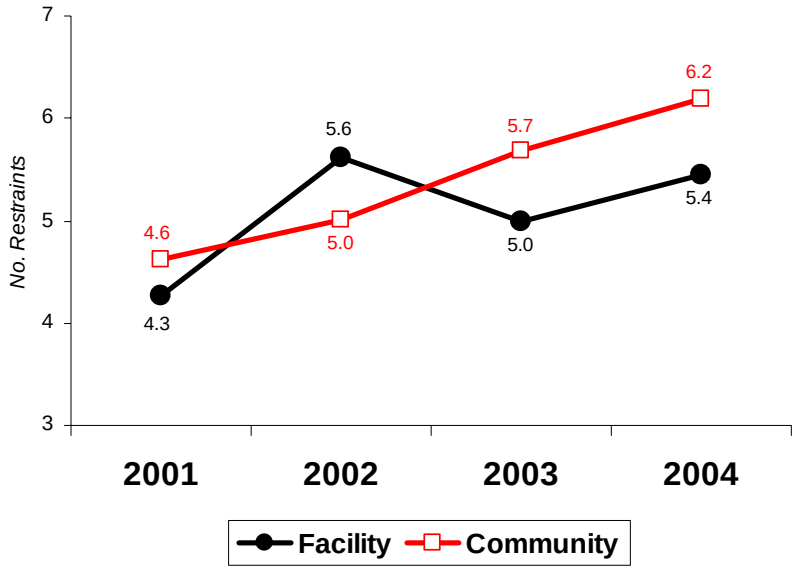
FINDINGS: Average No. Restraints. Table 31 presents findings related to the average annual number of restraints per person - for those individuals who experienced restraint - for the four year time period between FY01 and FY04. As can be seen in both Table 31 and Figure 28, the average number of restraints per person restrained has steadily increased in community settings, growing by 9% between just 2003 and 2004. It has fluctuated somewhat in facilities, although 2004 experienced a 8% increase over the previous year. These data suggest that for those individuals who are restrained, the number of times they are being restrained, on average, may be increasing. Such increases in the average number of restraints may be influenced by a small number of individuals who are experiencing a substantially greater use of restraint.

Table 31
Average No. Restraints per Person
FY01-FY03

Ave No. Restraints per Person Restrained	Setting	No. People Restrained	Total No. of Restraints	Average per Person Restrained	Type of Change 2003-2004
2001	**Facility**	77	328	4.3	
	Community	485	2243	4.6	
	Combined	562	2571	4.6	
2002	**Facility**	65	365	5.6	
	Community	615	3079	5.0	
	Combined	680	3444	5.1	
2003	**Facility**	68	340	5.0	
	Community	711	4043	5.7	
	Combined	779	4383	5.6	
2004	**Facility**	49	267	5.4	⇧
	Community	733	4542	6.2	⇧
	Combined	782	4809	6.1	⇧

Figure 28

Average Annual No. of Restraints per Person Restrained
Facility v Community
2001 – 2004



It should also be noted that a preliminary review of potential "outliers," *i.e.*, persons who experience either a very limited or large amount of restraint suggests that there has been a gradual increase in the percentage of persons restrained who have more than 20 restraints and those with just one instance of emergency restraint per year. For more detail, interested readers can review the DMR Annual Restraint Report published by the DMR Office of Human Rights.

WHAT DOES THIS MEAN? *The number and percent of persons in facilities who are experiencing restraint is gradually decreasing. The opposite trend may be taking place for persons in community settings. In both facility and community settings however, the average number of times a person is restrained may be increasing. Trends appear to be developing that suggest more individuals are experiencing >20 restraints per year.*

CHOICE & DECISION-MAKING

OUTCOME: People are supported to make their own decisions.

Indicators:

1. People make choices about their everyday routines and schedules.
2. People control important decisions about their home and home life.
3. People choose where they work.
4. People influence who provides their supports.

RESULTS:

Analysis of data related to choice and decision-making suggests the continuation of a relatively stable trend across all measures with the possible exception of choices regarding work. Whereas during 2003 this measure experienced a decrease from 89% to 82%, during 2004 it reversed this trend and rose to levels observed in 2002.

Figure 29
Summary of Trends for Choice & Decision-making Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Choice & Decision making - *People are supported to make their own decisions.*	1. Choices re: everyday routines	Percent - Choose schedule	⇔	⇔
		Comparison with NCI		
	2. Decisions re: home and home life	Percent - Control decisions	⇔	⇔
		Comparison with NCI		
	3. Choose where work	Percent - Choose where work	⇩	⇧
		Comparison with NCI		
	4. Influence who provides support	Percent - Influence who supports	⇔	⇔
		Comparison with NCI		

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People are supported to make their own decisions.

Indicator 1: People make choices about their everyday routines and schedules.

Measures: Percentage of individuals who choose their own schedule

Comparison to NCI

Data Source: Survey and Certification (2.2A)
NCI

FINDINGS: Survey and Certification findings continue to show that a very high percentage of persons are able to choose their daily schedule. No real change is noted between 2003 and 2004. The degree of choice exercised by Massachusetts consumers compares favorably with results form the NCI as seen in Table 32 below. It is important to note that there are some differences between Massachusetts and the NCI in the exact measure and population evaluated, and therefore a direct comparison is not possible. Nonetheless, the NCI data does provide a general benchmark and suggest that consumers served by the Massachusetts DMR are experiencing choice for this measure at a higher level than the national average.

Table 32
Percent Who Choose Daily Schedule Compared to NCI
2002 - 2004

Choose Daily Schedule	2002	2003	2004	Change MA 2003-2004
Choose Schedule - MA	97%	96%	97%	⇔
Choose Schedule - NCI	82%	84%	83%	

Indicator 2: People control important decisions about their home and home life.

Measures: Percentage of individuals who control important decisions about home life

Comparison to NCI

Data Source: Survey and Certification (2.3C)
NCI

FINDINGS: Survey and Certification findings show that between 93% and 92% of individuals reviewed have exercised control over decisions regarding their home life over the past 3 years. Results from the NCI show a substantially lower proportion of people who control important decisions about home life as measured by response to two more specific questions: choose where they live and with whom they live. It should be noted,

however, that the NCI questions represent a much more rigorous standard in that they measure actual choice and decision making rather than influence over and input into decisions. Therefore the NCI data cannot be used for direct comparison to the Massachusetts findings. Nonetheless, and as noted above for Indicator 1, the NCI results are provided as a general benchmark.

Table 33
Percent Who Control Important Decisions Compared to NCI
2002 - 2004

Control Important Decisions	2002	2003	2004	Change MA 2003-2004
Decisions re: Home/life - MA	93%	92%	93%	⇔
Choose Where Live - NCI	48%	49%	54%	
Choose Who Live With - NCI	47%	44%	47%	

Indicator 3: People choose where they work.

Measures: Percentage of individuals who choose where they work and what type of work/day activity they are involved in.

Comparison to NCI

Data Source: Survey and Certification (2.3D)
NCI

FINDINGS: Survey and Certification findings show that the percentage of persons reviewed who exercised choice over where they work - or if not engaged in employment, were able to control their day activity – rose from 82% in 2003 to 88% in 2004. This represents a possible reversal of the negative trend noted in last year's report. The Massachusetts DMR findings for this measure compare favorably to the national average as represented by data from the most recent National Core Indicators report (2004 Consumer Survey).

Table 34
Percent Who Choose Where They Work Compared to NCI
2002 - 2004

Choose Where Work	2002	2003	2004	Change MA 2003-2004
Choose Work - MA	89%	82%	88%	⇑
Choose Work - NCI	58%	61%	62%	

Indicator 4: People influence who provides their support.

Measures: Percentage of individuals who influence who provides their support (staff)

Comparison to NCI

Data Source: Survey and Certification (2.3B)
NCI

FINDINGS: Survey and Certification findings for this indicator are presented below in Table 35. As can be seen, between 2002 and 2004 about 91% to 93% of individuals reviewed were determined to have provided input into and influence over who provided them with assistance and support. A stable trend is noted. As with other indicators, the NCI comparison measures are much more rigorous and related to actual choice (selection) of staff for both residential and day supports. Consequently, although the NCI data does provide a general benchmark for reviewing Massachusetts DMR performance, caution must be exercised in performing any direct comparisons to the Massachusetts performance on this measure.

Table 35
Percent Who Choose Support Staff Compared to NCI
2002 - 2004

Influence Who Provides Support	2002	2003	2004	Change MA 2003-2004
Influence Support - MA	93%	91%	93%	⇔
Choose Staff Home - NCI	52%	61%	63%	
Choose Staff Work - NCI	55%	67%	66%	

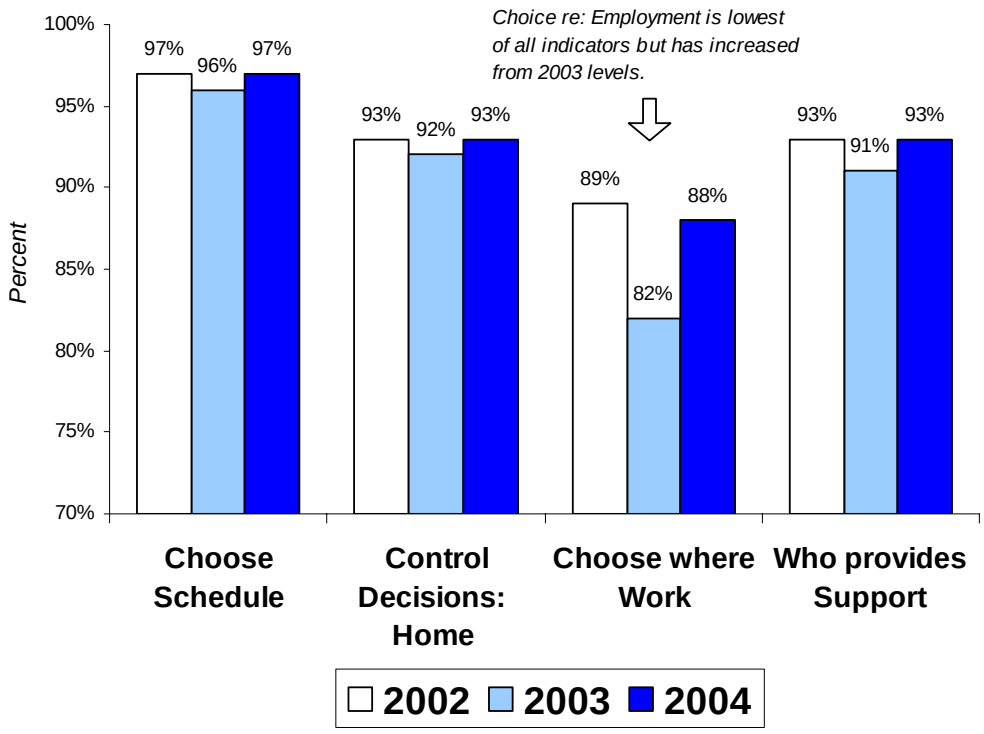
Comparison of Indicators for Choice and Decision Making

For three of the four indicators associated with choice and decision making a very high percentage of individuals appear to be experiencing choice. The best performance was obtained for activities such as choosing one's daily schedule and how and when to complete household tasks where almost all individuals (more than 96%) were determined to exercise choice and control.

Relatively high, but slightly lower percentages were obtained for choice and control over home life (e.g., select furnishing, bedroom) and who provides support and assistance. In these areas slightly more than 9 out of every 10 persons were determined to exercise choice.

The area of employment continues to have the lowest level of individual choice and control, although, and as noted above, during 2004 there was some improvement noted for choosing where to work. This is a potential positive finding given the importance of this quality indicator and the apparent decline observed in 2003.
A comparison of the four indicators for choice and decision-making is illustrated below in Figure 30.

Figure 30
Comparison of Indicators for Choice and Decision Making
FY02 – FY04



WHAT DOES THIS MEAN? *Individuals served in programs that are reviewed by the DMR Survey and Certification unit appear to experience relatively high levels of input into choice and personal decision-making. Over the past three years these levels have experienced little change. An increase in choice for decisions re: where an individual works is present for 2004 compared to the previous year, a positive finding given recent emphasis on this quality indicator.*

COMMUNITY INTEGRATION

OUTCOMES: People use integrated community resources and participate in everyday community activities.

People are connected to and valued members of their community

Indicators:

1. People use the same community resources as others on a frequent and on-going basis.
2. People are involved in activities that connect them to other people in the community.

RESULTS:

Analysis of data related to community integration suggests a relatively stable trend for the percent of persons who use community resources and for involvement in community activities that connect people to others.

Figure 31
Summary of Trends for Community Integration Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Community Integration - *People use integrated community resources and participate in everyday community activities.*	1. Use the same community resources as others	Percent Use Community Resources	⇔	⇔
		Comparison to NCI		
People are connected to and valued members of their community.	2. Involved in acitivities that connect to other people	Percent Involved in Community Activitie	⇩	⇔
		Comparison to NCI		

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People use integrated community resources and participate in everyday community activities.

Indicator 1: People use the same community resources as others on a frequent and ongoing basis.

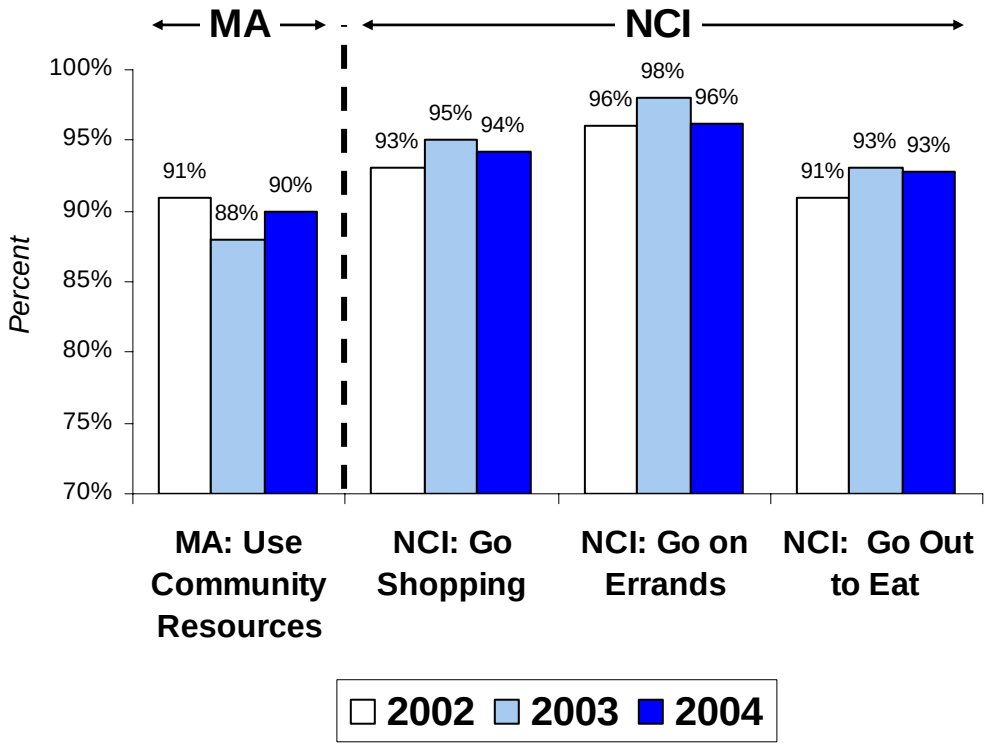
Measures: Percentage of individuals who use community resources

Comparison to NCI

Data Source: Survey and Certification (3.1B)
NCI

FINDINGS: Survey and Certification findings across 2002 and 2004 show that the percentage of persons who regularly use community resources has remained relatively stable over time, increasing slightly in 2004 from the prior year. When compared to national benchmarks (NCI), these rates of participation may be slightly lower. These findings are illustrated below in Figure 32.

Figure 32
Percentage of People Who Use Community Resources Compared to NCI
FY02-FY04



OUTCOME: People are connected to and valued members of their community.

Indicator 1: People are involved in activities that connect them to other people in the community.

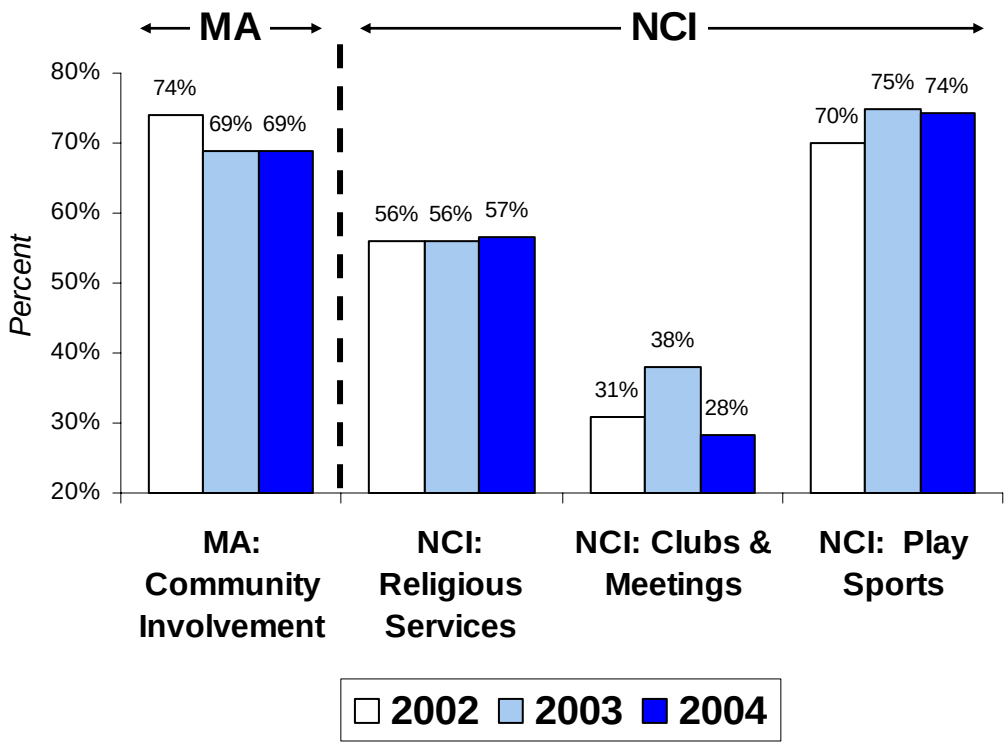
Measures: Percentage of individuals involved in activities that connect them to others

Comparison to NCI

Data Source: Survey and Certification (3.2B)
NCI

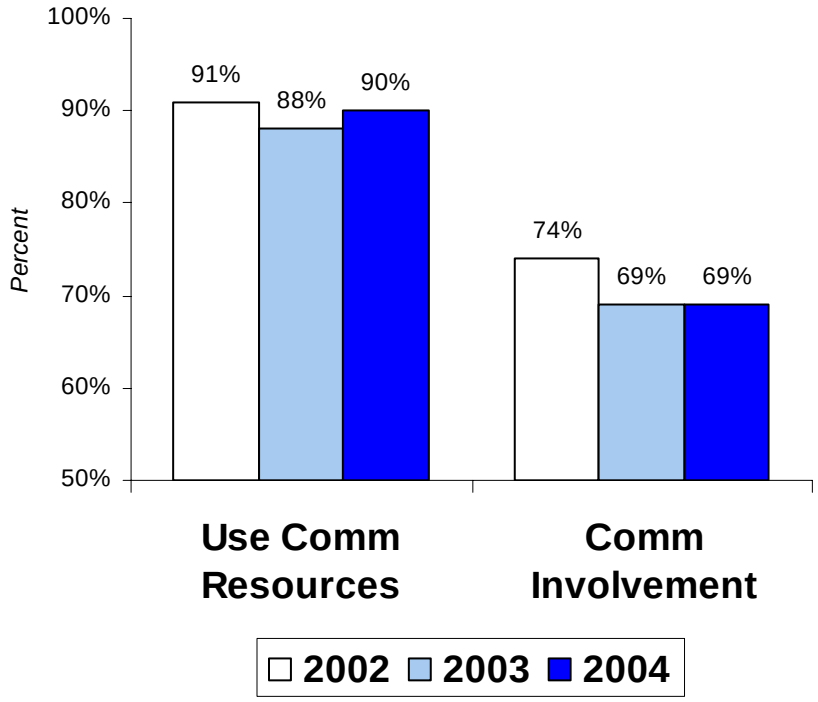
FINDINGS: Survey and Certification findings suggest that the percentage of persons who are involved in community activities that allow them to interact with and connect to others in the community has experienced no change between 2003 and 2004. At just below 70%, this rate of community involvement compares favorably to national benchmarks (NCI) as illustrated below in Figure 33. It should be noted that the NCI data is more specific with regard to the types of community involvement, with consumer responses suggesting that community sporting activities provide the greatest opportunity for involvement nationally and participation in clubs and/or organized meetings (e.g., self advocacy) provide the least amount of opportunity for community participation.

Figure 33
Percentage of People Involved in Community Activities Compared to NCI
FY02-FY04



A 3-year comparison of the extent to which individuals served by the Massachusetts DMR use community resources and have actual involvement with other community members is illustrated in Figure 34. As can be seen, the latter measure shows much lower levels of participation suggesting that meaningful "involvement" in the community occurs at an appreciably lower rate than "use" of community resources. The difference is consistent across all three years.

Figure 34
Comparison of Use of Community and Involvement in Community Activities
In the Massachusetts DMR
FY02-FY04



WHAT DOES THIS MEAN? *Over a 3-year time period there has been little if any change in the levels of community integration for persons served by DMR. Data suggest that actual involvement in the community occurs at a much lower rate than presence in the community as measured by use of community resources.*

RELATIONSHIPS & FAMILY CONNECTIONS

OUTCOME: People maintain/gain relationships with family and friends.

Indicators:

1. People are supported to maintain relationships with family, friends and co-workers.
2. People are supported to develop new friendships.
3. Individuals have education and support to understand and safely express their sexuality.

RESULTS:

Findings from Survey and Certification reviews across the time period of 2002 to 2004 show a very high percentage of persons who are supported to maintain existing relationships with family and friends. However, and as noted in last year's report, fewer individuals appear to be supported in efforts to gain new friendships. Data for this latter indicator has increased slightly from 2003 levels, a positive sign given the importance of this quality indicator. The percentage of persons who have received education regarding intimacy has also experienced a slight increase from 2003. These trends are illustrated in Figure 35 below.

Figure 35
Summary of Trends for Relationships and Family Connections
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Relationships & Family Connections - *People maintain and gain relationships with family and friends.*	1. Support to maintain relationships	Percent Maintain Relationships	⇔	⇔
	2. Support to gain new relationships	Percent - New Relationships	↓ -	↑
	3. Receive education about intimacy	Percent - Educated re: Intimacy	⇔	↑

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People maintain and gain relationships with family and friends.

Indicator 1: People are supported to maintain relationships with family, friends and co-workers.

Measures: Percentage of individuals who maintain relationships.

Data Source: Survey and Certification (3.3A)

FINDINGS: Survey and Certification reviews for 2002 - 2004 show a very consistent and stable trend in the percentage of persons reviewed who are determined to be receiving support to maintain their relationships with other people. As illustrated below in Table 36, between 98% and 99% of all individuals reviewed receive such support.

Table 36
Percentage of Persons Supported to Maintain Relationships
FY02-FY04

Maintain Relationships	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	2170	1968	1821	
No. Maintain Relationships	2155	1933	1789	
Percent Maintain Relationships	99%	98%	98%	⇔

Indicator 2: People are supported to gain new relationships.

Measures: Percentage of individuals who gain new relationships.

Data Source: Survey and Certification (3.3B)

FINDINGS: Survey and Certification reviews for 2002 - 2004 suggest a much lower percentage of persons continue to be supported to gain new relationships than for the prior indicator. As can be seen in Table 37 below, in 2002 about 82% of those reviewed received such support. This dropped off to 76% in the following year but increased slightly in 2004 to 80%. This shift in the trend is a positive (although not definitive) sign given the relative importance of this quality indicator (i.e., it has been identified by the DMR Quality Councils as a priority for improvement).

Table 37
Percentage of Persons Supported to Gain New Relationships
FY02-FY04

New Relationships	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	1580	1208	1255	
No. with New Relationships	1290	921	999	
Percent with New Relationships	82%	76%	80%	⇧

Indicator 3: Individuals have education and support to understand and safely express their sexuality.

Measures: Percentage of individuals who are educated about intimacy.

Data Source: Survey and Certification (3.3C)

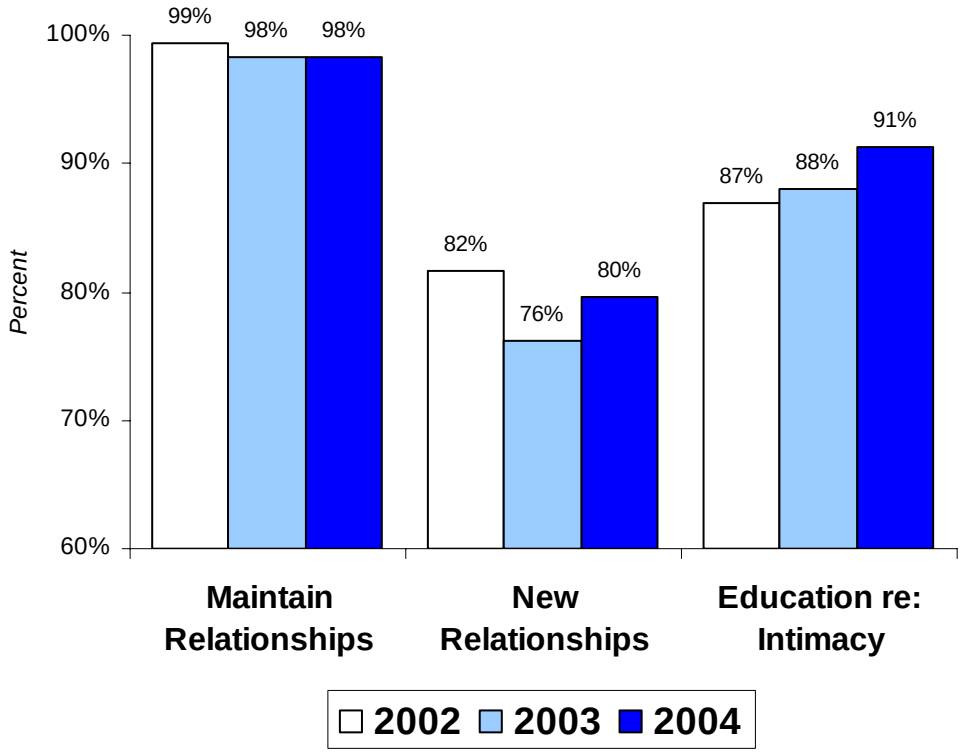
FINDINGS: Survey and Certification reviews suggest that slightly over 91% of individuals reviewed in 2004 were receiving support and education to assist them in appropriately expressing intimacy. This represents a slight increase from 2003. While not a major shift, the 3-year trend is positive for this indicator (i.e., a gradual but consistent increase over time).

Table 38
Percentage of Persons Educated about Intimacy and Sexuality
FY02-FY04

Intimacy	2002	2003	2004	Type of Change 2003-2004
No. Reviewed	1238	1014	984	
No. Educated re: Intimacy	1077	892	899	
Percent Educated re: Intimacy	87%	88%	91%	⇧

A comparison of the three indicators used to assess DMR performance in the area of relationships is illustrated below in Figure 36. As can be seen, a greater percentage of individuals receive needed support to maintain relationships than to gain new ones. The percentages who are assisted in the area of intimacy fall in between.

Figure 36
Comparison of Indicators for Evaluating Relationships
FY02-FY04



WHAT DOES THIS MEAN? *Almost everyone appears to receive support to maintain existing relationships with family and friends. A smaller proportion of people receive such support in their efforts to develop new friendships. However, a small increase in this latter measure was noted for 2004 compared to 2003. A slight but consistent trend toward improvement in activities to help persons learn about intimacy also appears to be taking place.*

National Core Indicators. The Massachusetts DMR results from the Phase V National Core Indicators (2004) for the Consumer Survey questions related to relationships and friendships are presented in Table 39 and Figure 37 below. As can be seen, Massachusetts results for all five indicators were slightly more positive than the national average (based on 17 participating states/regions), with more than 80% of respondents providing a favorable response to the first four questions. Approximately 40% of Massachusetts DMR consumers indicated they "feel lonely."

Both Table 39 and Figure 37 provide information regarding the highest and lowest percentages obtained for each of the five questions, the national average and the rank (highest = 1, lowest = 17) obtained by the Massachusetts DMR. Including the range of scores and the relative ranking, as well as the average, provides a more complete

"picture" of where Massachusetts falls among participating states. As can be seen in Figure 38, Massachusetts fell within the top 1/3 of participating states for two questions (*Have friends and caring relationships with people other than support staff and family members*, and *Have a close friend*). Mid-range results for Massachusetts were obtained for the remaining three questions. It is important to note that for the last question ("feel lonely") a lower percentage reflects a more positive finding (*i.e.*, fewer people who report feeling lonely).

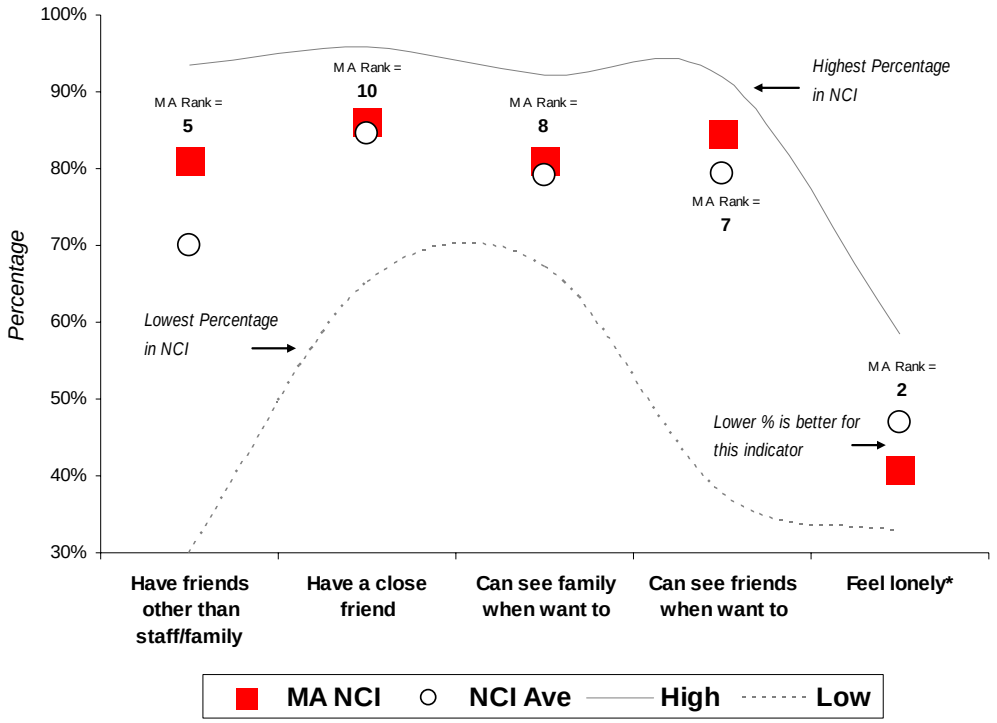
Table 39
National Core Indicator Phase V Results for Questions re: Relationships

Consumer Survey Question	MA NCI	*Other Participating NCI States*			MA Rank**
		NCI Ave	High	Low	
Have friends other than staff/family	81.0%	70.0%	93.5%	30.0%	5
Have a close friend	86.0%	84.5%	95.8%	65.2%	10
Can see family when want to	81.1%	79.2%	92.1%	67.2%	8
Can see friends when want to	84.6%	79.3%	92.0%	37.5%	7
Feel lonely*	40.9%	46.9%	58.5%	32.7%	2

*Lower percentages are better for this indicator

**Rank out of 17, 1 = best

Figure 37
Comparison of Massachusetts Performance to the National Average and High/Low Results on the National Core Indicators Questions re: Relationships Phase V (2004)



ACHIEVEMENT OF GOALS

OUTCOME: People are supported to develop and achieve goals.

Indicators: 1. People develop their personal goals.

2. People have support to accomplish their goals.

RESULTS:

Survey and certification data for 2002 through 2004 illustrate a relatively stable trend with regard to the extent to which people develop their personal goals and the percentage of persons who have access to needed resources to achieve their goals. No appreciable change is noted in 2004 from 2003 levels. These trends are illustrated in Figure 38 below.

Figure 38
Summary of Trends for Community Integration Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Achievement of Goals - *People are supported to develop and achieve goals.*	1. Develop Personal Goals	Percent Develop Goals	⇔	⇔
	2. Support to Accomplish Goals	Percent - Access to Resources	⇓	⇔

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People are supported to develop and achieve goals.

Indicator 1: People develop their personal goals.

Measures: Percentage of individuals who develop their personal goals.

Data Source: Survey and Certification (2.3A)

FINDINGS: Survey and Certification reviews for 2004 indicate that about 90% of persons reviewed were determined to be developing their personal goals. This is equivalent to 2002 levels and represents a very stable trend.

Table 40
Percentage of Persons Who Develop Goals
FY02-FY04

Develop Goals	2002	2003	2004	Type of Change 2003-2004
No. Surveyed	2186	1965	1821	
No. Develop Goals	1970	1720	1638	
Percent Develop Goals	90%	88%	90%	⇔

Indicator 2: People have support to accomplish their goals.

Measures: Percentage of individuals who have access to resources to accomplish their personal goals.

Data Source: Survey and Certification (4.1C)

FINDINGS: Survey and Certification reviews show that a smaller percentage of persons have consistently had access to the resources they need to accomplish their personal goals. In 2004 84% were determined to have such resource access, representing minimal change from the prior year.

Table 41
Percentage of Persons with Access to Resources to Accomplish Goals
FY02-FY04

Resources to Accomplish Goals	2002	2003	2004	Type of Change 2003-2004
No. Surveyed	2193	1970	1824	
No with Access to Resources	1879	1617	1534	
Percent with Access to Resources	86%	82%	84%	⇔

WHAT DOES THIS MEAN? *A relatively high proportion (9 out of 10) of individuals being served in programs that are reviewed by the DMR Survey and Certification process are determined to be developing personal goals. Slightly smaller percentages – 84% - have access to the necessary resources to accomplish those goals.*

WORK

OUTCOME: People are supported to obtain work.

Indicators:
1. Average hourly earnings by type of job support.
3. Average no. hours worked per month by type of job.

RESULTS:

Review of wages and hours worked for a sample of persons receiving job supports conducted in April of each year shows that a significant difference in the amount of money people make and the amount of time they spend working continues to exist based upon the type of employment support they receive. Trends over the three year time period between 2002 and 2004 also indicate that there has been a slight increase in the wages for persons with individual jobs, group jobs. The number of monthly hours worked however, has remained relatively stable for persons with individual and facility-based jobs, but increased during 2004 for those in group jobs. These trends are illustrated in Figure 39 and explained in greater detail below.

Figure 39
Summary of Trends for Work Indicators and Measures
2002 – 2004

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Work - *People are supported to obtain work.*	1. Average Hourly Wage	Individual Job - Average Wage	↑ +	↑
		Group Job - Average Wage	↑	↔
		Facility Job - Average Wage	↔	↓
	2. Monthly Hours Worked	Individual Job - Mo. Hrs. Worked	↔	↔
		Group Job - Mo. Hrs. Worked	↓ -	↑ +
		Facility Job - Mo. Hrs. Worked	↔	↔

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

OUTCOME: People are supported to obtain work.

Indicator 1: Average hourly earnings by type of job support.

Measures: Hourly wage

Data Source: DMR Employment Support Study (April)

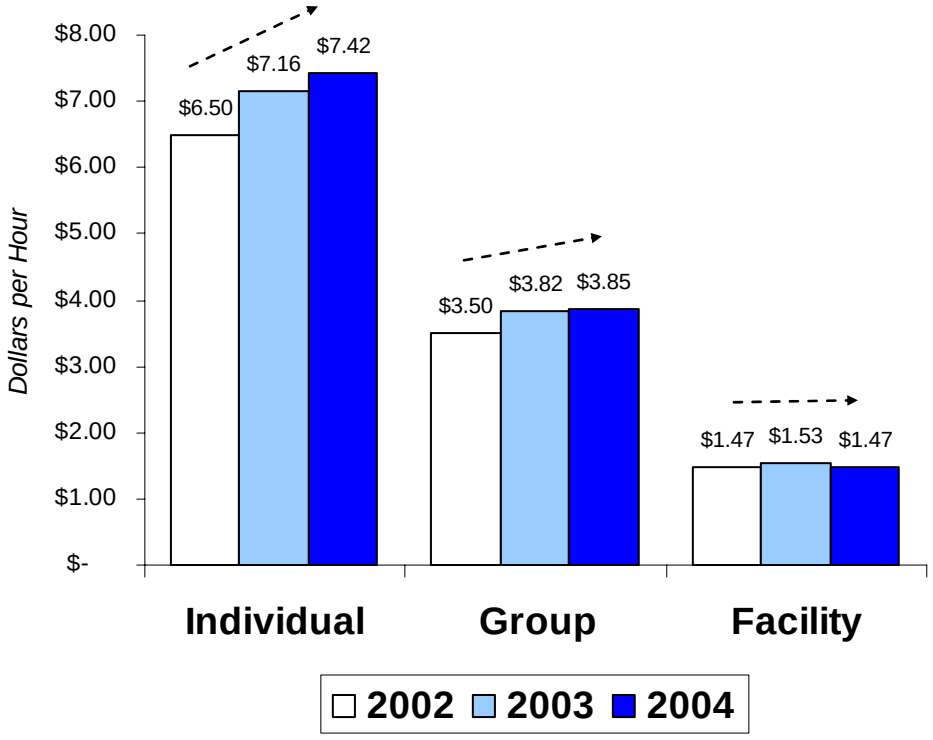
FINDINGS: A comparison across Individual, Group and Facility-based work demonstrates a continuing and rather significant difference in the hourly wages earned by persons in each of those categories of employment. For all three years persons involved in individual jobs earned substantially more than their counterparts who had either group or facility jobs. Persons employed in facilities (e.g., sheltered employment) continued to be paid substantially less during 2004 than those individuals with either group or individual employment. In fact, persons working in facility-based employment actually experienced a 4% reduction in 2004 in their hourly wages. Persons in individual employment received, on average, a 4% increase. Little change (1%) was noted for persons in group employment with regard to wages.

However, reviewing wage data over a three year time period suggest the emergence of possible trends. During this time period persons in individual employment have enjoyed a consistent increase in their hourly wages. A smaller but also consistent increase in wages is also present for persons in group employment. No change in hourly wages appears to have occurred for persons engaged in facility/sheltered work. These results are presented below in Table 42 and Figure 40.

Table 42
Average Hourly Wages by Type of Employment
FY02-FY04

Average Hourly Earnings	2002	2003	2004	Difference 2003-2004	Percent Earnings Change 2003-2004	Type of Change FY02-FY03
Individual	$ 6.50	$ 7.16	$ 7.42	$ 0.26	4%	⇧
Group	$ 3.50	$ 3.82	$ 3.85	$ 0.03	1%	⇔
Facility	$ 1.47	$ 1.53	$ 1.47	$ (0.06)	-4%	⇩

Figure 40
Changes in Hourly Earnings by Type of Job
FY02-FY04



Indicator 2: Average monthly hours worked by type of job.

Measures: Hours worked (per month)

Data Source: Employment Support Study (April)

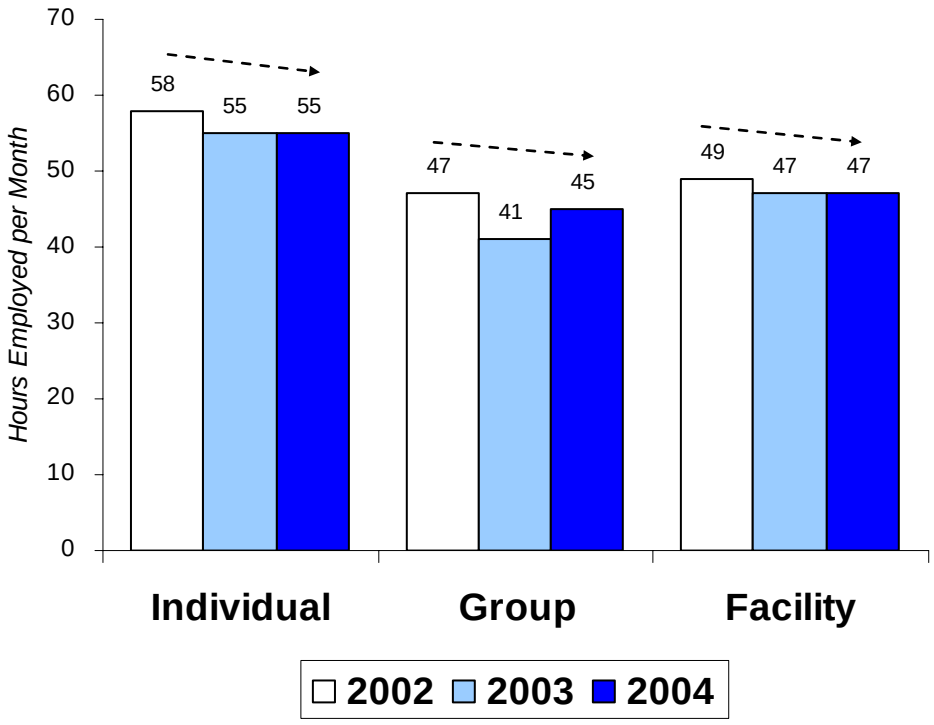
FINDINGS: A similar comparison across job categories for hours worked per month shows that once again persons with individual employment work the greatest number of hours per month during 2004. The gap present in prior years for persons in facility-based employment and group employment was reduced in 2004, with those persons working in group employment settings experiencing a 10% increase in hours per month. The possible trend toward working fewer hours over time for all three job categories continued into 2004. This trend, suggesting less and less work in each succeeding year bears further analysis since earnings are based upon both hourly wages and actual hours worked. Any reduction in the amount of time an individual is employed will therefore have a direct bearing on how much money they are able to earn and eventually spend.

Table 43 and Figure 41 below illustrate these trends.

Table 43
Average Hours of Work per Month by Type of Job Support
FY02-FY04

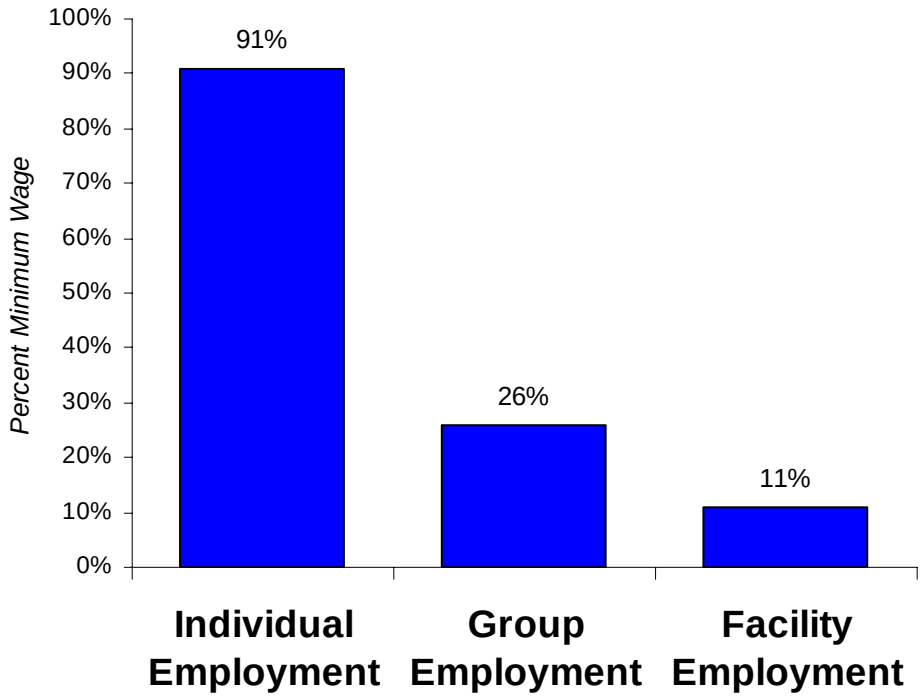
Average Monthly Hours Worked	2002	2003	2004	Difference 2003-2004	Percent Change 2003-2004	Type of Change FY02-FY03
Individual	58	55	55	0	0%	⇔
Group	47	41	45	4	10%	↑ +
Facility	49	47	47	0	0%	⇔

Figure 41
Changes in Monthly Hours Worked by Type of Job
FY02-FY04



Minimum Wage. An analysis of earnings in 2004 demonstrate a rather dramatic difference in the relative proportion of persons who are earning at least minimum wage based upon the type of employment they are engaged in. As can be seen in Figure 42 below, over 90% of persons with individual employment are earning minimum wage or higher. This compares to 26% engaged in group employment. Only about 11% who work in facility-based (sheltered) employment are earning minimum wage.

Figure 42
Percentage of Persons Earning at Least Minimum Wage
By Type of Employment
2004



WHAT DOES THIS MEAN? *A small but consistent trend is present over the past 3 years that is indicative of rising hourly wages for persons who work in individual and group employment. No real change has occurred for those individuals who work in facility or sheltered employment. However, over the same 3 year time period there has been a small but steady decrease in the amount of work people engage in on a monthly basis, irrespective of employment category. Almost all persons engaged in individual employment are earning at least minimum wage compared to only about 1 out of every 10 people working in sheltered employment.*

Comparison to National Data

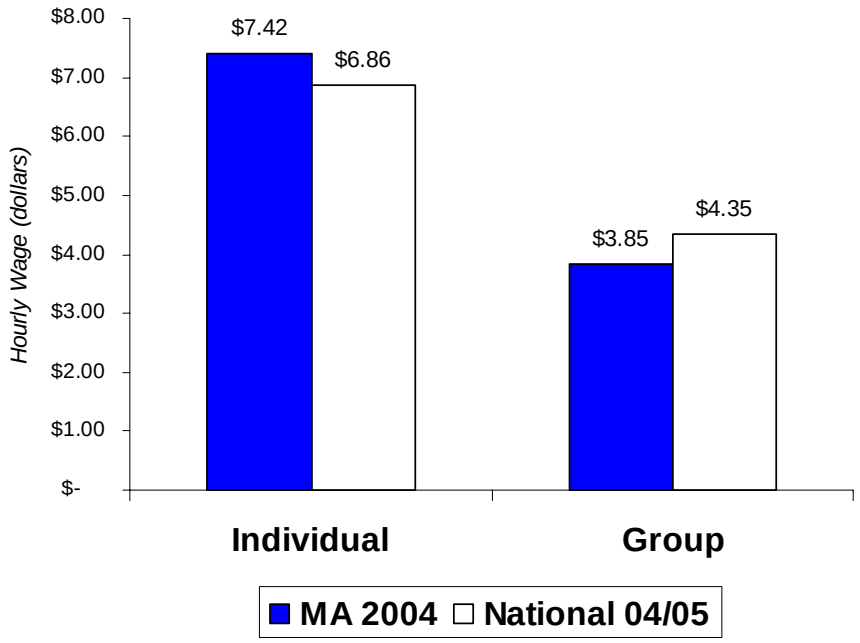
In the FY02/03 Quality Assurance Report Rehabilitation Services Administration (RSA) survey benchmark data pertaining to employment was utilized to help evaluate Massachusetts DMR performance and trends. It should be noted that RSA no longer considers sheltered work to be an employment outcome..

This report utilizes benchmark comparison data from the Institute on Community Inclusion's (ICI) 2004-2005 National Survey of Community Rehabilitation Providers

(CRPs). Comparison data for sheltered (facility) employment is not presented in this year's Q.A. report. As noted above, on a national level sheltered employment is no longer considered a desirable employment outcome for individuals with disabilities. The national data collected by the Institute for Community Inclusion - and that is available for sheltered employment - represents a different consumer population than those persons in Massachusetts' sheltered work programs (*i.e.*, the CRPS data is based on persons who have moved from sheltered to integrated employment and is therefore not representative of the population now in Massachusetts sheltered employment programs). Consequently there is little if any comparable national data that can be used as a valid benchmark for sheltered employment.

Hourly Wages. Figure 43 below compares the average hourly wages earned by DMR consumers in Massachusetts during FY04 with the national average. As can be seen, the average in Massachusetts was higher than the national average for individual employment but lower for group employment. It should be noted that this data may be somewhat influenced by established minimum wage requirements; in Massachusetts the minimum wage was $6.75 an hour while nationally it was $5.15 an hour.[8]

Figure 43
Comparison of Hourly Wages with National Averages



[8] http://www.dol.gov/dol/topic/wages/minimumwage.htm. January 6, 2006.

Hours Worked. Figure 44 compares the average no. of hours worked each month for consumers served by the Massachusetts DMR with national data. As can be seen, consumers in Massachusetts work substantially less than their counterparts across the nation. In fact, persons in Massachusetts who work in individual employment jobs work 43% less and those in group employment work less than half the amount of time. This disparity in the amount of time individuals are employed directly influences their total earnings, potentially negating any benefit from the higher hourly wages for those in individual employment in Massachusetts. An estimate of this difference (hourly wage X monthly hours worked) is presented in Table 44.

Figure 44
Comparison of Monthly Hours Worked with National Averages

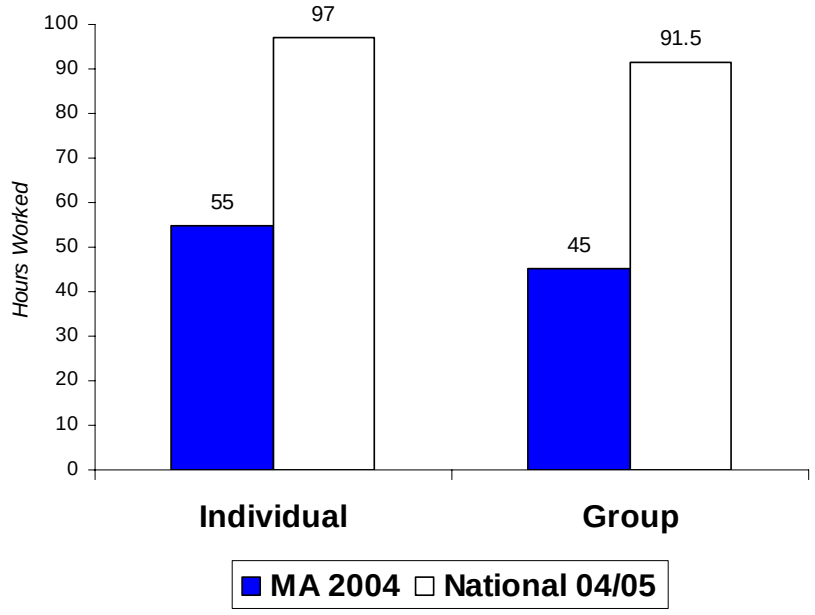


Table 44
Comparison of Estimated Average Gross Monthly Earnings
Massachusetts DMR v National Benchmark

Estimated Ave Mo. Gross Earnings	MA	National	Difference
Individual	$ 408.10	$ 665.42	$ 257.32
Group	$ 173.25	$ 398.03	$ 224.78

WHAT DOES THIS MEAN? *Massachusetts' DMR consumers who are working in individual employment earn more per hour than the national average. However, they work 43% fewer hours on a monthly basis. Those working in group employment both earn less per hour and work less than half the hours per month when compared to the national average.*

QUALIFIED PROVIDERS

OUTCOME: People receive services from qualified providers.

Indicators: 1. Providers maintain their license/certification to operate.

2. Quality of life citations.

RESULTS:

Trends in the certification and licensure status of DMR providers and the number and types of citations resulting from the survey process are summarized below in Figure 45. During 2004[9] the percentage of providers that attained a 2-Year certification with Distinction increased from 2003 levels. A slight decrease was noted for the percentage of providers with a 2-Year certification. No change was observed for the relative percentage that attained either a 1-Year or 1-Year with Conditions status.

In addition, the percentage of providers with citations remained at about the same level as in 2003. However, the average number of citations per provider (those with citations) decreased, reversing the negative trend noted in last year's report.

Figure 45
Summary of Trends for Qualified Providers Indicators and Measures
FY02-FY03

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Qualified Providers - *People receive services from qualified providers.*	1. Maintain licensure/certification	Percent - 2 yr with distinction	⇔	↑ +
		Percent - 2 year	↑ +	↓
		Percent - 1 year	↓ +	⇔
		Percent - 1 yr with conditions	⇔	⇔
	2. Quality of life citations	Percent Providers with Citations	↓ +	⇔
		Total No. Citations	↓ +	NA
		Average No. Citations per Provider	↑ -	↓ +
		Percent Citations by Type		

Direction of Arrow = increase, decrease, stable
Green = positive trend (+)
Red = negative trend (-)
White = slight change/neutral trend

[9] During FY04 the certification process was modified. In order to provide comparable data, only the first 3 quarters of FY04 are included in this analysis. Consequently, some of the specific measures (e.g., number of providers with citations) cannot be directly compared with prior years. The 2005 report will establish new baselines using data from the last quarter of FY04 (new process).

OUTCOME: People receive services from qualified providers.

Indicator 1: Providers maintain their certification/licensure to operate

Measures: Percent of Providers by Level of Certification

Data Source: Survey and Certification database

FINDINGS: Review of Survey and Certification findings indicates that the vast majority of private providers have consistently attained 2-Year Certification status across the four year time period between 2001 and 2004. Compared to the prior year, 2004 witnessed an increase in the percentage of providers that were able to attain 2-Year Certification with Distinction. This was accompanied by a slight decrease in those awarded a 2-Year (no special distinction) status. No appreciable change was noted for the relative percentage of providers with 1-Year and 1-Year with Conditions status. Table 45 and Figure 46 below illustrate the percentage of providers who attained different levels of certification across the 3 year time period between 2001 and 2003. Data show that there was an increase in the percentage of providers who were able to achieve two-year certification and a decrease in those provided with only a one year certification. A slight increase is also noted for achievement of two-year certification with distinction (although not enough to suggest a meaningful trend). Very little change is seen for those with the lowest level of certification, i.e., one year with conditions.

When combining the different levels of both 2-Year and 1-Year certification, data suggest the presence of two potentially positive trends: (1) the proportion of providers that are attaining 2-Year status has been increasing over time, rising from 81% in 2001 to 89% in 2004, and, (2) the relative proportion that are receiving certification for only 1-year is decreasing, falling from 19% in 2001 to 11% in 2004. This comparison is presented in Figure 47.

Table 45
Trends in Level of Provider Certification
FY01-FY04

Level of Certification	Year				Change FY03-FY04
	2001	2002	2003	2004	
2 Yr Distinction	27%	27%	30%	39%	↑ +
2 Year	54%	50%	57%	51%	↓
1 Year	14%	15%	7%	6%	↔
1 Yr Conditions	5%	8%	6%	4%	↔

Figure 46
Percentage of Providers by Level of Certification
For 2004

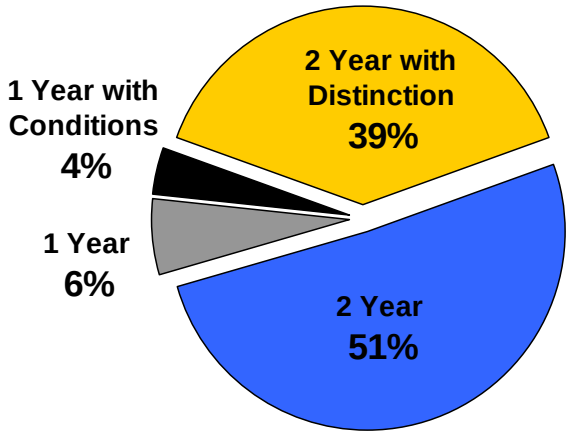
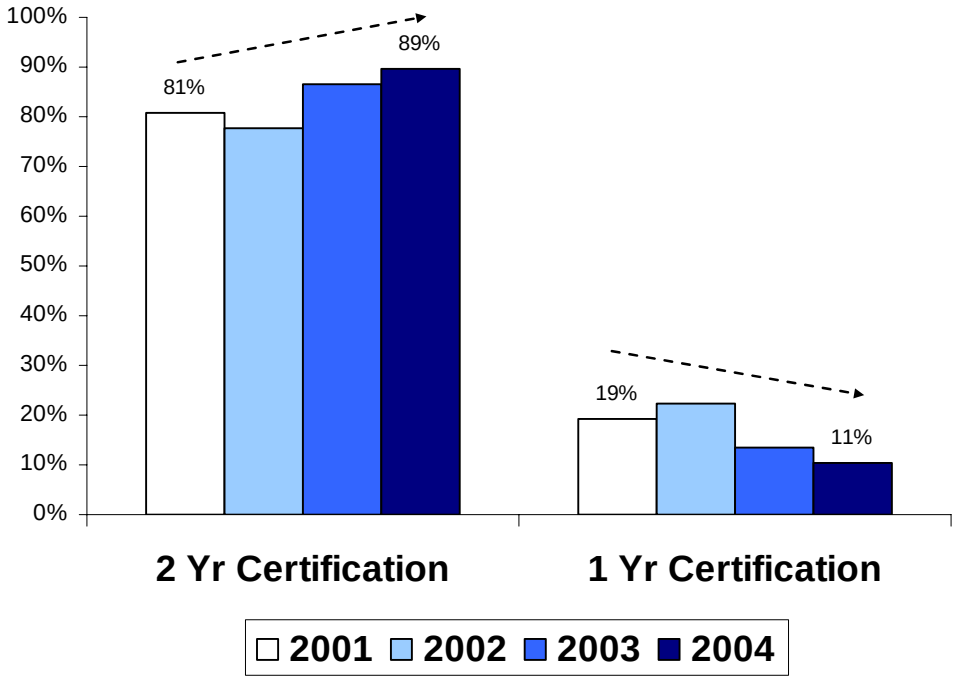


Figure 47
Percentage of Providers by Level of Certification
FY01-FY04



WHAT DOES THIS MEAN? *A larger proportion of the community services system – both private and state operated - is achieving higher levels of certification, suggesting fewer major concerns with and improved quality in the services they provide. In FY04 90% of all providers had attained certification for 2 years; only 10% were unable to achieve that status.*

Indicator 2: Quality of Life citations

Measures: Percent of Providers with citations

Average No. of citations per Provider

Data Source: Survey and Certification database

FINDINGS: Figures 48 and 49 below illustrate findings regarding the number of citations and the percentage of providers with citations for the four year time period between 2001 and 2004.[10] As can be seen, the decrease in the relative percentage of providers who received citations that occurred in 2003 was maintained in 2004. Although the data only includes 3 out of 4 quarters, the total number of citations in 2004 appears comparable to the levels obtained in the prior year as well.

Figure 48
Percent of Providers with Citations
FY01-FY04

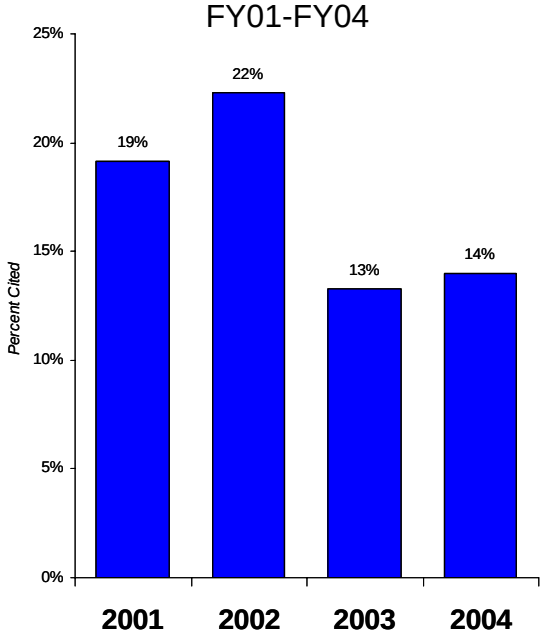


Figure 49
Total No. of Citations by Year
FY01-FY04

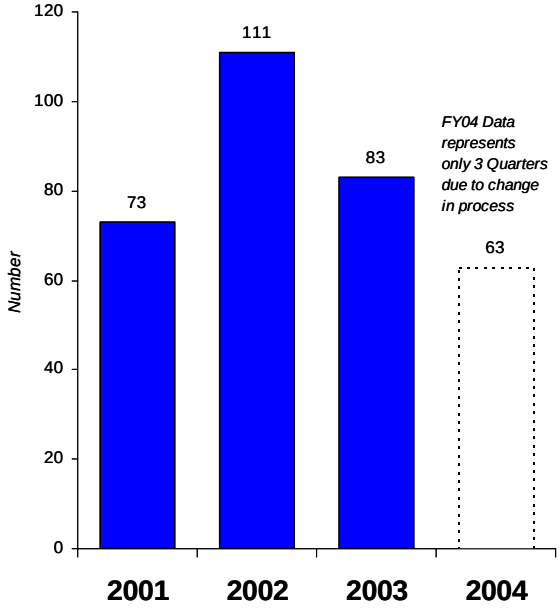


Figure 50 shows that the average number of citations per provider (of those with one or more citations) reversed the negative trend noted last year for 2003. These findings suggest a return to levels similar to those in 2001.

[10] As noted earlier, data for 2004 only include 3 of the 4 quarters due to planned changes in the certification process.

Figure 50
Average No. Citations per Provider with Citations
FY01-FY04

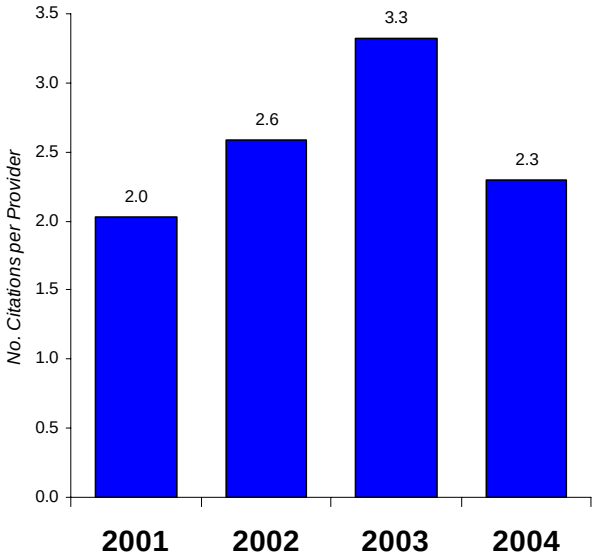


Table 46 provides information regarding the distribution of citations by type. As can be seen, the area of rights and dignity is the most frequently cited across all three years, followed by concerns associated with community and social connections. No significant trends are apparent, with a similar distribution by type present across the four year time period from 2001 to 2004.

Table 46
Percentage of Citations by Type
FY01-FY04

Citations by Type	2001	2002	2003	2004	Type of Change 2003-2004
Rights/Dignity	33%	28%	29%	30%	⇔
Comm/Soc Conn	22%	21%	20%	22%	⇔
Pers Wellbeing	19%	22%	19%	20%	⇔
Organiz Outcomes	19%	15%	20%	18%	⇔
Indiv Control		9%	7%	6%	⇔
Growth & Accomp	7%	5%	4%	4%	⇔

WHAT DOES THIS MEAN? *Positive changes that took place between 2002 and 2003 with regard to the proportion of providers who experienced citations were maintained in 2004. In addition, the average number of citations for those providers decreased. Over time there has been no meaningful shift in the distribution of citations by type.*

APPENDICES

A Summary of the Outcomes and Indicators

B Summary of Data Sources

C Summary of Findings: Statewide Quality Outcomes

APPENDIX A

SUMMARY OF THE OUTCOMES AND INDICATORS

The chart that follows summarizes the key outcomes and indicators that appear in this report. The data for this report draws its information from a variety of quality assurance processes in which the Department is routinely engaged. While the quality assurance processes allow for continuous review, intervention and follow-up on issues of concern, aggregation of data in this report allows for the analysis of patterns and trends in overall performance.

People are supported to have the best possible health	1. Individuals are supported to have a healthy lifestyle	1. Survey & Certification Outcome 5.3A
	2. Individuals get annual physicals	2. Survey & Certification Outcome 5.3C - National Core Indicators Project
	3. Individuals get dental exams	3. Survey & Certification Outcome 5.3C - National Core Indicators Project
	4. Individual's medications are safely administered	4. Survey & Certification Outcome 5.3E - Medication Occurrence database
	5. Serious health and medication issues are identified and addressed	5. Survey & Certification/Action Required - Investigations data - Risk Management data
People are protected from harm	1. Individuals are protected when there are allegations of abuse, neglect or mistreatment	1. Survey & Certification Outcome 5.2C,D - Investigations database
	2. CORI checks are completed for staff and volunteers working directly with individuals	2. CORI audit database
	3. Safeguards are in place For individuals who are at risk	3. Survey & Certification Outcome 5.2A - Critical incident data - Risk Management data

People live and work in safe environments	1. Homes and work places are safe, secure and in good repair 2. People can safely evacuate in an emergency 3. People and supporters Know what to do in an emergency	1. Survey & Certification/Action Required Outcome 5.1A 2. Survey & Certification/Action Required Outcome 5.1C 3. Survey & Certification Outcome 5.1B
People understand and practice their human and civil rights	1. People exercise their Rights in their everyday lives 2. People receive the same Treatment as other employees 3. People experience respectful interactions	1. Survey & Certification Outcome 1.2B - National Core Indicators Project 2. Survey & Certification Outcome 1.2C 3. Survey & Certification Outcome 1.1A
People's rights are protected	1. % of instances where less intrusive interventions are used before implementing a restrictive intervention 2. People or guardians give consent to restrictive interventions 3. People and supporters know how and where to file a complaint 4. % of restraints and type of restraint	1. Survey & Certification Outcome 1.3A 2. Survey & Certification Outcome 1.3C 3. Survey & Certification Outcome 5.2E 4. Restraint database
People are supported to make their own decisions	1. People make choices about their everyday routine and schedules 2. People control important decisions about their home and home life 3. People choose where they work 4. People influence who providers their supports	1. Survey & Certification Outcome 2.2A - National Core Indicators Project 2. Survey & Certification Outcome 2.3C - National Core Indicators Project 3. Survey & Certification Outcome 2.3D - National Core Indicators Project 4. Survey & Certification Outcome 3.1B

		- National Core Indicators Project
People use integrated community resources and participate in everyday community activities	1. People use the same community resources as others on a frequent and on-going basis	1. Survey & Certification Outcome 3.1B - National Core Indicators Project
People are connected to and valued members of their community	1. People are involved in activities that connect them to other people in the community	1. Survey & Certification Outcome 3.2B - National Core Indicators Project
People gain/maintain friendships and relationships	1. People are supported to maintain relationships 2. People are supported to develop new friendships 3. Individuals have education and support to understand and safely express their sexuality	1. Survey & Certification Outcome 3.3A National Core Indicators 2. Survey & Certification Outcome 3.3B 3. Survey & Certification Outcome 3.3C
People are supported to develop and achieve goals	1. People are supported to develop an individualized plan that identifies needs and desires 2. People have support to Accomplish goals	1. Survey & Certification Outcome 2.3A 2. Survey & Certification Outcome 4.1C
Individuals are supported to obtain work	1. Average hourly wage of people who receive work supports 2. Average number of hours worked per/month	1. Employment supports performance outcome data 2. Employment supports performance outcome data
People receive services from qualified providers	1. Providers maintain their license/certification to operate 2. Quality of Life citations 3. Additional oversight mechanisms are in place	1. Survey & Certification database 2. Survey & Certification database 3. Contracts pre-qualification data

Appendix B

SUMMARY OF DATA SOURCES

The Quality Assurance Annual Report derives its information from a variety of different data sources. One of the strengths of the quality assurance system lies in the fact that no one process or data set is used to arrive at conclusions. Rather, most outcomes reported on draw from a diverse array of departmental information systems and evaluation processes. Following is a brief description of the databases and the parameters of the information collected.

Survey and Certification

The survey and certification system is the process by which DMR licenses all public and private providers of community residential, work/day, placement and site based respite services. The tool used to license/certify providers, known as the Quality Enhancement Survey Tool (QUEST) evaluates the impact of a provider's services on the quality of life of individuals in 5 key domains. A random sample of individuals is selected in proportion to the number of individuals served by the provider in discrete service models.

The data presented in this report reflects the number of individual surveys conducted during each of the fiscal years 2002 - 2004. It includes individuals over the age of 18 served in the above-mentioned models. It does not include individuals living in State Developmental Centers, or those getting family and individual support services.

National Core Indicators

The National Core Indicators project is a joint project of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). States participate in collecting data on performance/outcome indicators that provide national benchmarks for quality. Massachusetts is a participating state.

Medication Occurrence Reporting System

Providers are subject to the requirements of the Medication Administration Program (MAP) when non-licensed (non-RN) staff are trained and certified to administer medications in community residential and day programs. The Medication Occurrence Reporting (MOR) system is the process whereby all public and private providers that come under the requirements of the MAP program report medication occurrences. A medication occurrence is defined as any time a medication is given at the wrong time, the wrong dose, the wrong route, or to the wrong person. A medication occurrence is defined as a "hotline" any time it results in a medical intervention of any kind.

The data presented in this report reflects the number of medication occurrence reports filed by providers in each of the fiscal years 2002 - 2004. This reflects information reported on 170 providers and 2,259 registered sites.

Investigations

Mandated reporters are required to notify the Disabled Persons Protection Commission (DPPC) whenever an individual with mental retardation is alleged to be the victim of abuse, neglect, mistreatment or omission. Complaints may be dismissed, resolved without investigation, referred for resolution or investigated.

The data presented in this report reflects the number of complaints filed and substantiated in each of fiscal years 2002 - 2004, for all individuals over the age of 18 regardless of where they reside.

Critical Incident Reporting System

The critical incident reporting system is the mechanism for reporting incidents, which rise to a certain threshold. The system is used to provide immediate communication to senior management of all major incidents involving individuals at serious risk and to bring prompt support to staff in responding to these incidents. The types of incidents reported include those with police involvement or indication that a felony may have been committed, serious physical injury, likely media interest, and situations in which a protective order is being sought.

The data presented in this report reflects the number of critical incident reports filed in each of the fiscal years 2002 - 2004.

Restraint Reporting System

Providers and facilities are required to report any time an emergency restraint is utilized to prevent and individual from harming themselves or others. Data is reported on the number of individuals restrained, the number of restraints utilized, the number of times individuals are restrained, and the duration of the restraint.

Employment Supports Performance Outcome Information

Providers submit information for a designated four-week time period in April of each year. Information is collected on individual, group and facility employment for both hours worked and wages earned.

APPENDIX C

SUMMARY OF FINDINGS
STATEWIDE QUALITY OUTCOMES

Note: the column to the far right on the next two pages illustrates the type of change in each measure that occurred between 2003 and 2004. The second column from the right illustrates change that took place between 2002 and 2003 and is included to provide a context for better understanding current changes.

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Health - *people are supported to have the best possible health.*	1. Healthy Lifestyle	Receive Support	⇔	⇔
	2. Physical Exams	Receive Annual Exams	↑+	⇔
	3. Dental Exams	Receive Annual Exams	↑+	⇔
	4. Safe Medication	MOR No. and Rate	⇔	↓+
		Percent/No. Hotlines	↓+	↓+
	5. Issues Identified and Addressed	Action Required Reports	↓+	↓+
		Medication Investigations	↓+	↓+
		Denial of Tx Investigations	⇔	↓+
Protection - *people are protected from harm.*	1. Investigations	No. & Percent Substantiated	⇔	↓+
		Trends: Most Common Types	NA	NA
	2. CORI checks	No. Without Violations	↑+	↑
		Violations per Provider	↑-	↓+
		Percent Lack of Records	↑-	↓+
	3. Safeguards for Persons at Risk	Corrective Action	⇔	⇔
		Preventive Action	⇔	⇔
		CIR Rates	↑-	↑-
		CIR by Type	NA	NA
Safe Environments - *People live and work in safe environments.*	1. Safe homes and work places	Percent Safe Environment	⇔	⇔
		Action Required Reports	↓+	↓+
	2. Evacuate Safely	Percent - Safely Evacuate	⇔	⇔
		Action Required Reports	↓+	↓+
	3. Know what to do - Emergency	Percent - Know what to do	⇔	⇔
Practice Rights - *People understand and practice their human and civil rights.*	1. People exercise their rights	Percent Exercise Rights	⇔	⇔
		Percent Treated Same	⇔	⇔
		Percent Treated with Respect	⇔	⇔
Rights Protected - *People's rights are protected*	1. Less Intrusive Interventions	Percent - Less Intrusive Used	⇔	⇔
	2. Consent - Restrictive Interventions	Percent - with Consent	⇔	↑
	3. File Complaints	Percent - Able to File Complaint	⇔	⇔
	4. Restraint Utilization	Facility: Percent Restrained	↑	↓+
		Community: Percent Restrained	↑-	⇔
		Facility: Ave No. Restraints	↓+	↑
		Community: Ave No. Restraints	↑-	↑

OUTCOME	Indicator	Measure	Change FY02-FY03	Change FY03-FY04
Choice & Decision making - *People are supported to make their own decisions.*	1. Choices re: everyday routines	Percent - Choose schedule	⇔	⇔
		Comparison with NCI		
	2. Decisions re: home & home life	Percent - Control decisions	⇔	⇔
		Comparison with NCI		
	3. Choose where work	Percent - Choose where work	⇩	⇧
		Comparison with NCI		
	4. Influence who provides support	Percent - Influence who supports	⇔	⇔
		Comparison with NCI		
Community Integration - *People use integrated community resources and participate in everyday community activities.*	1. Use the same community resources as others	Percent Use Community Resources	⇔	⇔
		Comparison to NCI		
People are connected to and valued members of their community.	2. Involved in acitivities that connect to other people	Percent Involved in Community Activitie	⇩	⇔
		Comparison to NCI		
Relationships & Family Connections - *People maintain and gain relationships with family and friends.*	1. Support to maintain relationships	Percent Maintain Relationships	⇔	⇔
	2. Support to gain new relationships	Percent - New Relationships	⇩-	⇧
	3. Receive education about intimacy	Percent - Educated re: Intimacy	⇔	⇧
Achievement of Goals - *People are supported to develop and achieve goals.*	1. Develop Personal Goals	Percent Develop Goals	⇔	⇔
	2. Support to Accomplish Goals	Percent - Access to Resources	⇩	⇔
Work - *People are supported to obtain work.*	1. Average Hourly Wage	Individual Job - Average Wage	⇧+	⇧
		Group Job - Average Wage	⇧	⇔
		Facility Job - Average Wage	⇔	⇩
	2. Monlthy Hours Worked	Individual Job - Mo. Hrs. Worked	⇔	⇔
		Group Job - Mo. Hrs. Worked	⇩-	⇧+
		Facility Job - Mo. Hrs. Worked	⇔	⇔
Qualified Providers - *People receive services from qualified providers.*	1. Maintain licensure/certification	Percent - 2 yr with distinction	⇔	⇧+
		Percent - 2 year	⇧+	⇩
		Percent - 1 year	⇩+	⇔
		Percent - 1 yr with conditions	⇔	⇔
	2. Quality of life citations	Percent Providers with Citations	⇩+	⇔
		Total No. Citations	⇩+	NA
		Average No. Citations per Provider	⇧-	⇩+
		Percent Citations by Type		